## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89** 

Submit 3 copies to Appropriate District Office
DICTRICT

<u>DISTRICT I</u>

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

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OIL.	CONSERVA	ATION DIX	/ISION

P.O.	Box 2	2088	1	
			07504	

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-20784

Indicate Type of Lease

STRICT III			
	6. State Oil / Gas Lease No.		
00 Rio Brazos Rd., Aztec, NM 87410	B-1606		
SUNDRY NOTICES AND REPORTS ON WELLS	Children Commission Commission of the Commission		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI	VACUUM GLORIETA WEST UNIT		
(FORM C-101) FOR SUCH PROPOSALS.	- VACOOM GLONIETA WEST ONLY		
Type of Well: OIL GAS WELL OTHER WATER INJECTION			
Name of Operator	8. Well No. 76		
CHEVRON USA INC			
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	Pool Name or Wildcat VACUUM GLORIETA		
13 SWITT TOAD, WIDDARD, 1X 73703			
Well Location			
Unit Letter <u>E</u> : <u>2030</u> Feet From The <u>NORTH</u> Line and <u>510</u>	Feet From The <u>WEST</u> Line		
Section 31 Township 17S Range 35E N	MPM LEA_ COUNTY		

Section 31

Township 17S

\_ Range<u>\_\_35E</u>

LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

3984' GL

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

		• • •					
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERA	TION 🗌	PLUG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT J	ов 🗌		
OTHER:	INTE	NT TO TA	<b>~</b>	OTHER:			_ 🗆
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CHEVRON U.S.A. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL.

A CIBP WILL BE SET 100' ABOVE THE PERFS & A CHART WILL BE RUN TO TEST THE CSG TO 500# FOR 30 MINUTES.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF TA PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

TITLE Regulatory Specialist

SIGNATURE

TYPE OR PRINT NAME

**Denise Leake** 

Telephone No.

915-687-7375

OF FIELD REPRESENTATIVE HISTARF MANAGER

AUG 1 0 2004

DeSoto/Nichols 12-93 ver 1.0

<sup>12.</sup> Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.