Submit 3 copies to Appropriate District Office	State of Ne Energy, Minerals and Natura	Form C-103 Revised 1-1-89		
DISTRICT I	OIL CONSERVAT	TION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2		30 025 30206	
DISTRICT II	Santa Fe New Me		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210) Santa i e, New Me.	AICO 07304-2000	STATE 🗹	FEE 🗌
DISTRICT III			6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410	TIOSO AND DEDODTO ONLY	VELLO.	B-155	E - OBSUM AN AME
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI			7. Lease Name or Unit Agreement Name	
	C-101) FOR SUCH PROPOSALS		VACUUM GLORIETA WEST UNIT	
1. Type of Well: OIL GAS WELL WE				
Name of Operator CHEVRON	USA INC		8. Well No. 88	
Address of Operator 15 SMITH F	ROAD, MIDLAND, TX 79705		9. Pool Name or Wildcat VACUUM GLORIETA	
4. Well Location				
Unit LetterJ_::	1653Feet From TheS	OUTH Line and 2309	_Feet From The <u>EAST</u> Line	
Section 36	_ Township_ <u>17S</u>	Range34ENM	PM LEA_ COUNTY	,
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3994				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION	ON TO:	SU	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	✓ ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMEN	т 🗀
PULL OR ALTER CASING		CASING TEST AND CEMEN		
OTHER:	,	OTHER:	REPLACE SUB PUMP	✓
proposed work) SEE RULE 1103.	perations (Clearly state all pertine	ent details, and give pertinent da	ates, including estimated date of starting	any
8-19-04: MIRU. 8-20-04: PUMP 25 BBLS BRINE DN CSG, 15 BBLS BRINE DN TBG. TOH W/2 3/8" TBG. 8-21-04 THROUGH 8-22-04: NO OPERATIONS 8-23-04: PU MOTOR, SEAL, GAS SEPR & PUMP. TIH W/2 3/8" TBG & CABLE. START UP PUMP. RIG DOWN PU & REV UNIT.				
FINAL REPORT				
THAL ILL ON				
			12345679	3
			SEP OCO L'AED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			IS WED	3
			Hobbs Hobbs	13141576
			/cg 000	55/
				&*/
			1 Con 102 p	ン
I hereby certify that the information above is true and complete	e to the best of my knowledge and belief. TITLE R	egulatory Specialist	DATE 9/1/2004	
	<u> </u>		DATEDATE	

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

Denise Leake

TITLE

TYPE OR PRINT NAME

DATE

SEP 0 3 2004 DeSoto/Nichols 12-93 ver 1.0

915-687-7375

Telephone No.