State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I	OH CONCERNATION	ON DIFFERENCE	Revised 1-1	-89
P.O. Box 1980, Hobbs, NM 88240		WELL API NO.		
DISTRICT II. P.O. Box 2088			30-025-30844	
P.O. Box Drawer DD, Artesia, NM 88210	rtesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE ✓ FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. 857948	
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 (FORM C-101) FOR SUCH PROPOSALS.			7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT	
1. Type of Well: OIL GAS WELL WELL	L OTHER			
2. Name of Operator CHEVRON USA INC			8. Well No. 143	
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705			9. Pool Name or Wildcat	\dashv
4. Well Location			VACUUM GRAYBURG SAN ANDRES	\dashv
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1250</u> Feet From The <u>EAST</u> Line				
Section 1 Township 18S Range 34E NMPM LEA COUNTY				
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3983' GR				
11. Check Ap	opropriate Box to Indicate Na	ture of Notice, Report,	or Other Data	
NOTICE OF INTENTIC	ON TO:	SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE		
PULL OR ALTER CASING		CASING TEST AND CEMEN		
OTHER:		OTHER:	<u> </u>	✓
 Describe Proposed or Completed Oper proposed work) SEE RULE 1103. 	erations (Clearly state all pertinent o	letails, and give pertinent da	ates, including estimated date of starting any	
9-08-04: RU SWAB, TIH TO 3608. 9-09-04: TAG TOP OF FISH @ 4612. W			TBG TO PUT TAC ABOVE PERFS @ 3960. CORE FR 4672-4673. SHOE STUCK. WORK	
9-10-04: TIH W/SN, & 2 7/8" TBG & PK	R & SET @ 4116. ACIDIZE PERFS	S 4208-4624 W/6000 GALS		
9-13-04: REL PKR & LD. TIH W/MUD JO	OINT, PERF SUB. 3 1/2" PROD TB	G. & TAC. TAC @ 4165. SI		
FINAL REPORT				
TIME REPORT			121272	
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I hereby certify that the informative above is true and complete to SIGNATURE	/\0 20 /20	ılatory Specialist	DATE 9/15/2004	
)	enise Leake		DATE 9/15/2004 Telephone No. 915-687-7375	 5
	0		00000	=
APPROVED Laur W Wi	nk		SEP 2 2 2004	
CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	