Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-

District Office		9,,	atarar 1 t	boodicoo Boparanoni		Revised 1-1-89
<u>DISTRICT I</u>	OIL	CONSERV	ATI	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240					30-025-35562	
DISTRICT II						
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					 Indicate Type of Lease STATE ✓ 	FEE 🗍
DISTRICT III					6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec,	NM 87410				o. State Oil / Gas Lease No.	
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 Nan VACUUM GRAYBURG SAN ANDI	
Type of Well: OIL WELL	GAS WELL	OTHER INJECT	TION			
Name of Operator CHEVRON USA INC					8. Well No. 235	
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705					Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location Unit Letter	H : 2610'	Feet From The	NORT	ΓΗ Line and <u>660'</u>	Feet From The EAST Lin	
Section 1	Towns	ship 18-S	F	Range 34-E NM	IPM LEA COL	JNTY
	A. A. Y. J. Far all A.	evation (Show whether I				
11.	Check Appropri	ate Box to Indica	ite Nat	ure of Notice, Report,	, or Other Data	
NOTICE OF I	INTENTION TO	•		l st	JBSEQUENT REPORT OF	F:
PERFORM REMEDIAL WORI	K 🗍 PLUGA	ND ABANDON	П	REMEDIAL WORK	☐ ALTERING CASING	
TEMPORARILY ABANDON	CHANG	E PLANS		COMMENCE DRILLING OPE		MENT -
PULL OR ALTER CASING				i e]	
	Ц			CASING TEST AND CEMEN	_	
OTHER:			_ 凵	OTHER:	REPL PKR & TEST DUO-LINE	V
8-24-04: MIRU KEY. MOV 8-25-04: LD 2 7/8" TBG & 8-26-04: PU 84 JTS 2 7/8" WH. CHART & TEST CSG RIG DOWN. FINAL REPORT	PKR. PU PKR & 46 J TBG. RU REV UNIT	TS 2 7/8" TBG TO 1 TO SHEAR PUMP O	455. DUT PLI	JG @ 800#. REV CIRC 80	BBLS PKR FLUID @ 4145. SET PHED). INSTL INJECTION LINE TO	KR. NU CO2 WH.
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$\propto \wedge 1 \sim$	is true and complete to be best of	my howledge and belief.	Doc. :	lotony Charlette		
SIGNATURE / X//C	Denise Le	TITLE_	negu	latory Specialist	DATE <u>9/1/20</u> Telephone No. 91	004 15-687-7375
	N					
(This space for State Use) APPROVED A QUILLE CONDITIONS OF APPROVAL	J. Wink	TITI F			DATE	

DATE

