<i>(</i>	State of New M	Mexico		5 0.400
Submit 3 copies to Appropriate District Office	rgy, Minerals and Natural Re	esources Department		Form C-103 Revised 1-1-
<u>DISTRICT I</u>	CONSERVATION	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		300253185	i9
DISTRICT II Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease		
P.O. Box Drawer DD, Artesia, NW 66210				TE FEE
DISTRICT III			6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410	AND DEDODES ON WELL		B-	-1733-2
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			7	Add Charles
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI			7. Lease Name or Unit Agreement Name	
(FORM C-101) I	VACUUM GLORIETA WES	31 UNII		
1. Type of Well: OIL GAS WELL	OTHER WATER INJEC	TION		
2. Name of Operator			8. Well No.	
CHEVRON USA INC				
3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705			9. Pool Name or Wildcat VACUUM GLO	ORIFTA
4. Well Location				
Unit Letter B: 1120	Feet From The NOR	RT Line and 1575	_Feet From The _ EAST	Line
Section 1 Town	ship 18-SO R	Range 34-EA NM	IPMLE/	A_COUNTY
	levation (Show whether DF, RKB,	RT,GR, etc.) GR-3988',	KB-4002'	
11. Check Appropr	iate Box to Indicate Nat	ure of Notice, Report	or Other Data	 .
NOTICE OF INTENTION TO:			JBSEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CA	SING
TEMPORARILY ABANDON CHANG	E PLANS	COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:	REQUEST TO TA	
 12. Describe Proposed or Completed Operations proposed work) SEE RULE 1103. 10-29-04: MIRU. 10-30-04: MOVE IN PIPE RACKS. 11-01-04: MOVE IN WORK STRING. REL PKF 11-03-04: TAG FILL @ 6018. C/O TO 6148. M/ 11-04-04: TIH W/BIT & TBG TO 6050. TIH W/O 	R. ADE 4' IN 2 HRS FR 6148-61		ates, including estimated dat	e of starting any
11-05-04: CHART & TEST CSG TO 480# FOR	30 MINS. LOST 10#. (GOOD). ORIGINAL CHART & C	OPY OF CHART ATTACHE)).

WELL IS TEMPORARILY ABANDONED. UNECONOMICAL TO PRODUCE.

FINAL REPORT

TYPE OR PRINT NAME	Denise Leake		Telephone No. 915-687-7375
SIGNATURE XX	ise rake	TITLE Regulatory Specialist	DÂTE 11/8/2004 6
I hereby certify that the information above is	true and complete to the best of thy knowledg	e and belief.	10 20
A		ACTION 1	
• • • •		This Approval of Temporary Abandonmont Evolution	5/09
			1 1 60 1223242526232

APPROVED LANGUE WILL STILL CONDITIONS OF APPROVAL, IF ANY:

