## Submit 3 copies to Appropriate Energy, Minerals and Na

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

| District Office  | Energy, Minerals and Na                                  | itura: Resources L   | eparunent      |                                     | Revised 1-1-89             |
|--|--|----------------------|----------------|-------------------------------------|----------------------------|
| DISTRICT I   | OIL CONSERV  | ATION DI             | VISION         | WELL API NO.                        |                            |
| P.O. Box 1980, Hobbs, NM 88240   | P.O. B   | ox 2088              |                | 30-025-317                          | 02                         |
| DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210  | Santa Fe New Mexico 87504-2088                           |                      |                | 5. Indicate Type of Lease           |                            |
| DISTRICT III   | ,  |                      |                | STA                                 | TE 🗸 FEE 🗌                 |
| 1000 Rio Brazos Rd., Aztec, NM 87410   |  |                      |                | 6. State Oil / Gas Lease No.        | 2706                       |
| SUNDRY NO  | TICES AND REPORTS OF                                     | N WELLS              |                | all the second                      |                            |
| (DO NOT USE THIS FORM FOR PRO  | OPOSALS TO DRILL OR TO ERVOIR. USE "APPLICATION          |                      | G BACK TO      | 7. Lease Name or Unit Agreem        | ent Name                   |
|  | C-101) FOR SUCH PROPOS                                   |                      |                | VACUUM GLORIETA WES                 | T UNIT                     |
| 1. Type of Well: OIL GAS WELL WEL  |  | ION                  |                |                                     |                            |
| Name of Operator     CHEVRON USA INC   |  |                      |                | 8. Well No                          |                            |
| Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705   |  |                      |                | Pool Name or Wildcat     Vaccum Glo | orieta                     |
| 4. Well Location   |  |                      |                | Tavani Sic                          |                            |
| Unit Letter N :  | 214 Feet From The  | South Line a         | nd <u>1630</u> | Feet From The <u>West</u>           | Line                       |
| Section 25   | _ Township 17S   | Range34              | <u>E</u> N     | MPM Lea                             | a_COUNTY                   |
|  | 10. Elevation (Show whether [                            | OF, RKB, RT,GR, etc. | ) GR-4005'     | , KB-4019'                          |                            |
| 11. Check A  | ppropriate Box to Indica                                 | te Nature of No      | otice, Report  | , or Other Data                     |                            |
| NOTICE OF INTENTION  | ON TO:   |                      | SU             | JBSEQUENT REPOR                     | RT OF:                     |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   | REMEDIAL             | _ WORK         | ALTERING CAS                        | SING                       |
| TEMPORARILY ABANDON  | CHANGE PLANS   | COMMEN               | CE DRILLING OP | ERATION PLUG AND ABA                | ANDONMENT                  |
| PULL OR ALTER CASING   |  | CASING T             | EST AND CEMEN  | NT JOB                              |                            |
| OTHER:   |  | _ OTHER:             |                | REPAIR CSG LEAK                     | <b>✓</b>                   |
| 11-18-04: MIRU. TIH & SET PKR @ 5<br>(ORIGINAL CHART & COPY OF CHAR  | 909.73'. CHART & TEST CSC<br>T ATTACHED).                | G TO 540# TO 520     | # FOR 30 MINS  |                                     | 8 20 18                    |
| I hereby certify that the information above is true and complete SIGNATURE  TYPE OR PRINT NAME  Description: | per best of my knowledge and belief.  TITLE  enise Leake | Regulatory Sp        | ecialist       | DATE                                | 11/30/2004<br>915-687-7375 |
|  | 0  |                      |                |                                     |                            |

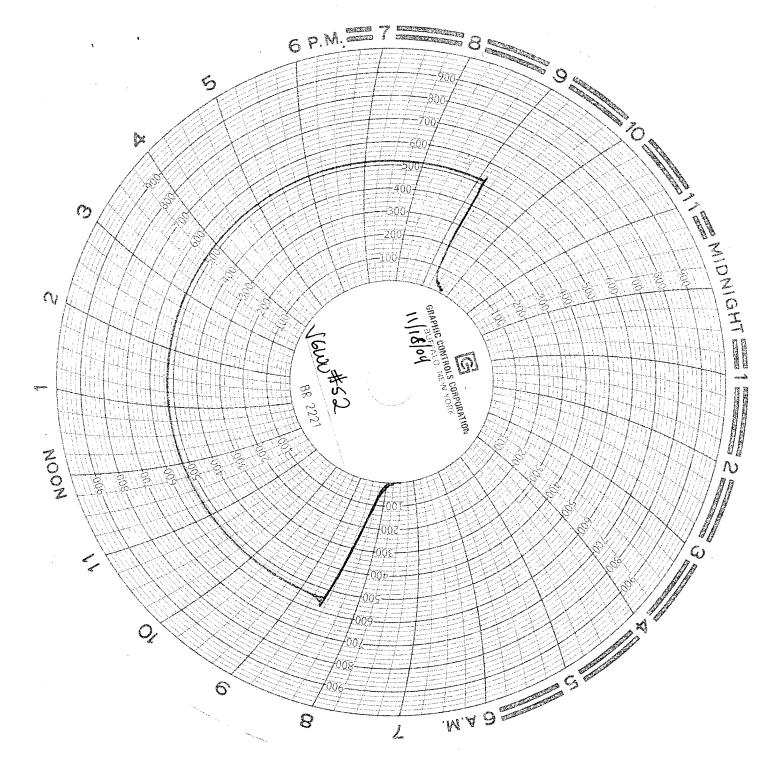
(This space for State Upp)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER DEC 12.3 Ver 1.0 2004



Phr of 5209.23 11-18-04

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