State of New Mexico

to Appropriate District Office	Energy, Minerals and	Natural Resources Department		Revised 1-1-8
DISTRICT I	OIL CONSER'	VATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240		Box 2088	30-025-	03101
DISTRICT II	Santa Ee Nev	w Mexico 87504-2088	5. Indicate Type of Lease	33101
P.O. Box Drawer DD, Artesia, NM 882	10	W W CX 100 07 00 4 2000		STATE 🗹 FEE 🗌
DISTRICT III	0		6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 8741		ONIWELLS		
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 Agri STATE AN	TOTAL OF THE PARTY.
1. Type of Well: OIL G	AS OTHER			
Name of Operator CHEVRON	N USA INC		8. Well No.	
	ROAD, MIDLAND, TX 7970	95	9. Pool Name or Wildcat VACUUM	ABO REEF
4. Well Location Unit Letter A: _	Feet From Th	ne NORTH Line and 990	Feet From The EAST	Line
Section 7	Township 18S	Range35EN	MPM	LEA_COUNTY
	10. Elevation (Show whether	er DF, RKB, RT,GR, etc.) 3980' KB		
11. Check	Appropriate Box to Indi-	cate Nature of Notice, Report	, or Other Data	
NOTICE OF INTENT	ION TO:	SU	JBSEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	<u> </u>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP		ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN		
OTHER:		OTHER:	CLEAN OUT & ACIDIZ	E 🗸
 12. Describe Proposed or Completed of proposed work) SEE RULE 1103. 12-06-04: MIRU KEY. 12-07-04: REL TAC. TAG UP @ 884. 12-08-04: SET PKR @ 8233.ACIDIZI 12-09-04: RU SWAB. REL PKR @ 8: 12-10-04: TIH & TEST TBG TO 5000 SET TAC W/12 POINTS. SN @ 876. 12-13-04: TIH W/STRAINER NIPPLE FINAL REPORT 	2. TIH W/PKR, SN, 60 JTS 2 E ABO PERFS FR 8350-8818 233. TOH W/TBG. TIH W/NC ₩ BELOW SLIPS, 280 JTS 2 55'. TAC SET @ 8348'.	: 7/8" TBG TO 1876. 8 W/25,000 GALS 20% ACID. DTCH COLLAR & 2 7/8" TBG TO TA : 7/8" TBG, BHA, PERF SUB, SN, 12	G FILL @ 8820. C/O 22' T 2 JTS 2 7/8" TBG, TAC, 26	O 8842.
			AL HOOD	150 mg
I hereby certify that the information above is true and comp	olete to the best of my knowledge and belief. TITLE	Regulatory Specialist	DATE	= 1/5/2005
TYPE OR PRINT NAME	Denise Leake		Telephone	No. 915-687-7375

TITLE C FIELD REPRESENTATIVE II/STAFF MANAGER DATE