State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT L	Revised 1-1-89
DISTRICT OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box 2088	30-025-24322
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil / Gas Lease No. B-1080
SUNDRY NOTICES AND REPORTS ON WELLS	and the every fire one of the comp
I INDINCTUSE THIS ECOM ECO DECECOS S TO DOLL OF TO DEEDEN OF BLUC BACK TO IT	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.	VACUUM GRAYBURG SAN ANDRES UNIT
1. Type of Well: OIL GAS OTHER INJECTION	
Name of Operator CHEVRON USA INC	8. Well No. 48
3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	9. Pool Name or Wildcat
4. Well Location	VACUUM GRAYBURG SAN ANDRES
Unit Letter <u>F</u> : <u>1330</u> Feet From The <u>NORTH</u> Line and <u>1330</u>	_Feet From The <u>WEST</u> Line
Section 1 Township 18S Range 34E NMF	PM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4005' DF	
11. Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	✓ ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPER	RATION PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT	TJOB [
OTHER: OTHER:	~
10-29-04: MIRU PU. ND TREE. 11-01-04: REL PKR. TIH & TAG FILL @ 4418. 11-03-04: C/O 4403-4774. TIH W/PKR & SET @ 4186. 11-04-04: ACIDIZE PERFS 4278-4710 W/8000 GALS 15% HCL. 11-05-04: TAG FILL @ 4732. C/O 4732-4774. 11-08-04: TIH W/PKR & TBG TO 4201.CIRC 100 BBLS PKR FLUID. SET PKR @ 4201. 11-09-04: PERFORM MIT TO 530# FOR 30 MIN. LOST TO 520# IN 30 MIN. NMOCD WAS NOTIFIED, (ORIGINAL CHART & COPY OF CHART ATTACHED). RIG DOWN. FINAL REPORT	
	Control of the contro
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE MUSC MUSC TITLE Regulatory Specialist	DATE 11/11/2004
TYPE OR PRINT NAME Denise Leake	Telephone No. 915-687-7375
(This space for State Use)	IAN 1 3 2005

APPROVED SAMP WWW. CONDITIONS OF APPROVAL, IF ANY:

TITLE

JAM T 9 5002

