

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-31703
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2706
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	53
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003' GR	

**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 PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>N</u> : <u>215</u> Feet From The <u>SOUTH</u> Line and <u>2350</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Mechanical Integrity Test ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-10-05:

Notified NMOCD. Tested csg from surface to packer set @ 5917' as per NMOCD guidelines to 560# for 30 mins. Held OK.

Returned to injection.

(ORIGINAL CHART & COPY OF CHART ATTACHED)

PERFORATIONS: 6012-6170'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist

TYPE OR PRINT NAME Denise Leake

DATE 2/2/2005

Telephone No. 915-687-7375

(This space for State Use)

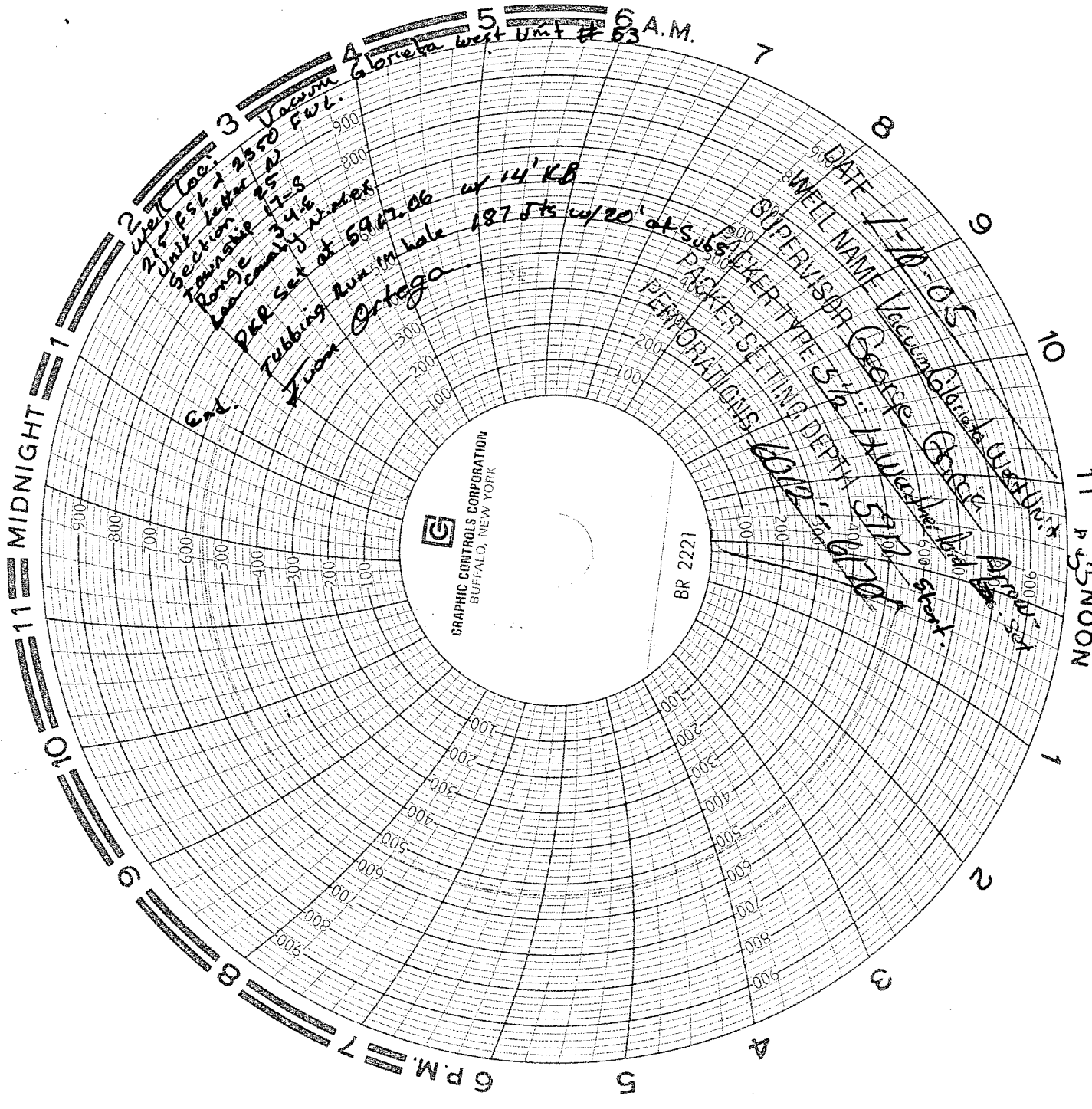
APPROVED Hayden Wink TITLE  
CONDITIONS OF APPROVAL, IF ANY:

DATE

FEB 07 2005

DeSoto/Nichols 12-93 ver 1.0

OC FIELD REPRESENTATIVE II/STAFF MANAGER



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221

11 MIDNIGHT 11 10 9 8 7 6 P.M. 5 4 3 2 1 11 P.M. NOON

DATE 7-10-05  
WELL NAME Vacuum Gabriela West Unit # 53  
SUPERVISOR George  
PACKER TYPE 3 1/2\"/>