Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION	30-025-02289
District III 2040 South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV	STATE 😠 FEE 🗌
2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No. 858150
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name:  West Vacum Unit
1. Type of Well: Oil Well  Gas Well  Other Injection	
2. Name of Operator	8. Well No.
Chevron U.S.A. Inc.	42
3. Address of Operator	9. Pool name or Wildcat
15 Smith Road - Midland, Texas 79705 4. Well Location	Vacuum Grayburg San Andres
Unit Letter A : 330 feet from the North line and	990 feet from the East line
Section 4 Township 18s Range 34E	NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, et	c.)
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
· · · · · · · · · · · · · · · · · · ·	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	ING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER: OTHER: Casing In	ntegrity Test for TA Extension X
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
05–28–03	
Tested casing to 580# for 30 minutes. Well is temporarily abandoned	072830
Request "Temporarily Abandon" well status be extended.	1523212323037
Original chart w/copy attached.	123 65 ST 252 252 ST 25
This Approval of Temporary 6/5	108
I hereby certify that the information above is true and complete to the best of my knowledge and belie	f
SIGNATURE TITLE Regulatory Spec	dialist DATE 06-03-03
Type or print name Laura Skinner	Telephone No. 432-687-7355
(This space for State use)  APPROVED BY Lauf ( ) WILL TITLE  OC FIELD REPRESENTATIVE II/STAFF MANAGER JUN 0 5 2003	
APPROVED BY Lauf W Unk TITLE DATE JUN 0 5 2003  Conditions of approval, if any:	

