State of New Mexico Submit 3 Copies To Appropriate Discrict Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-31785 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2706 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Vacuum Glorieta West Unit 1. Type of Well: Oil Well Gas Well Other Injection 8. Well No. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator 15 Smith Road - Midland, Texas 79705 Vacuum Glorieta 4. Well Location 2522 2283 feet from the South line and feet from the West Unit Letter line 25 Township 17s Range 34E **NMPM** County Section Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4001' GR 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ALTERING CASING PLUG AND ABANDON REMEDIAL WORK **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND MULTIPLE PULL OR ALTER CASING COMPLETION **CEMENT JOB** OTHER: Casing integrity Test for TA Extension \mathbf{x} OTHER: 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. 05-12-03 Tested casing to 520# for 30 min; test good. Well is temporarily abandoned. Request "Temporarily Abandon" well status be extended. Original chart w/copy attached. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist SIGNATURE. DATE 06-03-03 Telephone No. Type or print name Laura Skinner OC FIELD REPRESENTATIVE II/STAFF MANAGER

(This space for State use)

Conditions of approval, if phy:

APPROVED BY

