

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-02286
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 858150
7. Lease Name or Unit Agreement Name: West Vacuum Unit
8. Well No. 44
9. Pool name or Wildcat Vacuum Grayburg San Andres

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	2. Name of Operator Chevron U.S.A. Inc.
3. Address of Operator 15 Smith Road - Midland, Texas 79705	4. Well Location 660 Unit Letter C : 669 feet from the North line and 1980 feet from the West line Section 3 Township 18S Range 34E NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: Casing Integrity Test ☒

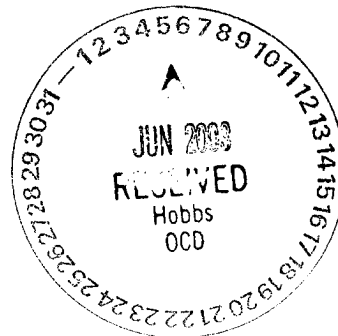
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

05-07-03

Tested casing to 380# for 30 minutes. Test witnessed by NMCD.

Well is an active injector.

Original chart w/copy attached.



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

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 06-03-03

Type or print name Laura Skinner Telephone No. 432-687-7355

(This space for State use)

APPROVED BY Laura W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 17 2003
Conditions of approval, if any:

