Submit 3 Copies To Appropriate District • State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO. 30-025-31880
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
Sill South First, Artesia, IVM 872102040 South PachecoDistrict III2040 South Pacheco1000 Rio Brazos Rd., Aztec, NM 87410Santa Fe, NM 87505	STATE X FEE
District IV	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	B-155-6
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	7. Lease Name or Unit Agreement Name:
PROPOSALS.) 1. Type of Well:	Vacum Glorieta West Unit
Oil Well Gas Well Other Injection	0. 11/ 11/1
2. Name of Operator	8. Well No.
Chevron U.S.A. Inc.	105 9. Pool name or Wildcat
3. Address of Operator 15 Smith Road - Midland, Texas 79705	Vacum Glorieta
4. Well Location	
Unit Letter <u>N</u> : 453 feet from the South line and	1340 feet from the West line
Section 36 Township 17S Range 34E	NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc. 3999' GR	
11. Check Appropriate Box to Indicate Nature of Notice, I	Report, or Other Data
	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	
PULL OR ALTER CASING DI MULTIPLE CASING TEST AND CEMENT JOB	
OTHER: OTHER: Surface L	eak Repair
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 MIRU. Flow well back for 3 hrs. 05-13-03 Rel packer @ 5815' & displaced hole w/120 bbls. TOH laying down 2-3/8" line tbg. & pkr. 05-14-03 TIH w/5-1/2" lock set Hudson pkr & 182 jts 2-3/8" duo-line tbg. 05-15-03 Set pkr @ 5778.25'. Chart & test to 515 psi for 30 mins (good). Rig down. FINAL REPORT.	
Perfs 5901'-6102'.	50070777
Original chart w/copy of attached.	10:00 11 Hobs 000 10 10 10 10 10 10 10 10 10 10 10 10
	(2) (0)
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Fura Skinner TITLE Regulatory Speci	alist
Type or print name Laura Skinner	Telephone No. 432-687-7355
(This space for State use) APPROVED BY LAW UNDER OC FIELD REPRESENTATIVE II/STAFF MANAGER JUN 1 7 7733	
Conditions of approval, if any:	

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