State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-02241 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE x FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 857943 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.) Central Vacuum Unit 1. Type of Well: Oil Well X Gas Well ... Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator 15 Smith Road - Midland, Texas Vacuum Grayburg San Andres 4. Well Location 660 660 South East Unit Letter feet from the line and\_ feet from the line Township 17-S Range 34-E **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3984' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND **PULL OR ALTER CASING** MULTIPLE **CEMENT JOB** COMPLETION OTHER: OTHER: Sub Pump Short Down Hole 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. 07-01-03 MIRU. Bled csg down & killed w/100 bbls brine water. TOH w/140 jts 2-3/8" tbg & laid down sub pump. TIH w/80 jts 2-3/8" tbg to 2590' for kill string. 07-02-03 TOH w/kill string. FU new sub pump equip. TIH w/140 jts tbg. Wired motor into panel. Test ran sub pump for 15 mins; shut down sub. RD. FINAL REPORT. Hobbs I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE Regulatory Specialist SIGNATURE. 07-08-03 Type or print name Laura Skinner Telephone No. 432-687-7355

(This space for State use)

Conditions of approval, if any

CC FIELD REPRESENTATIVE II/STAFF MANDATE

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