Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office					1	Revised 1-1-89
<u>DISTRICT I</u>	OIL CONSERVA	ATION DI	VISION	WELL API NO.		1
P.O. Box 1980, Hobbs, NM 88240				30-025-26789		
DISTRICT II	Santa Fe, New M		0000	5. Indicate Type		
P.O. Box Drawer DD, Artesia, NM 88210	Santa i e, ivew iv	16XICO 07 304-2	2000	o. maioate Type	STATE 🗸	FEE 🗍
DISTRICT III				6. State Oil / Ga		
1000 Rio Brazos Rd., Aztec, NM 87410					857943	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.						
				7. Lease Name or Unit Agreement Name		
				CENTRAL VACUUM UNIT		
1. Type of Well: OIL GAS						
WELL WELL	- U OTHER					
2. Name of Operator			8. Well No.	445		
CHEVRON USA INC					145	
Address of Operator				9. Pool Name or Wildcat		
				VACU	UM GRAYBURG SAN A	NDRES
4. Well Location		0011711	1 0475		. WEST	
Unit Letter N:	1310 Feet From The _	SOUTH Line a	nd 24/5	Feet From T	he <u>WEST</u> Lir	ne
Section 31	Township17S	Range 35	EN	IPM	LEA COL	YTNL
MI VENNET CHE CONTROL OF THE CONTROL		<u> </u>			The contract of the contract o	ar in the block and the or to be a first of the or
	10. Elevation (Show whether D	F, RKB, RT,GR, etc.)		104	
11. Chock A	opropriate Box to Indicat	to Noture of Ne	otico Poport	or Other Dr		40.27.8-25.
·	•	e nature or inc	<u>-</u>			
NOTICE OF INTENTION	ON TO:		SL	JBSEQUE	NT REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIA	L WORK		ALTERING CASING	
	CHANGE PLANS	COMMEN	CE DRILLING OPE	ERATION -	PLUG AND ABANDON	MENT
TEMPORARILY ABANDON		_		_		
PULL OR ALTER CASING			EST AND CEMEN	_	OLEAN OUT	
OTHER:		_ LJ OTHER:		COIL TBG	CLEAN OUT	✓
3-16-06: MIRU. TIH W/COIL TBG & SC @ 4719. WORK THRU. WASH TO BTN DOWN. FINAL REPORT	ONIC HAMMER. TAG FIRST E	BRIDGE @ 4702. -4722 W/1000 GA	ALS 15% HCL A	SECOND @ 47 CID. FLUSH &	708. WORK THRU. L FLOW BACK TO TA	AST BRIDGE ANK. RIG
I hereby certify that the information above is true and complete SIGNATURE TYPE OR PRINT NAME D	TITLE_	Regulatory S		Pool	N/	9/2006 432-687-7375
		10 10	TAFF MAN	<u> </u>		
APPROVED CONDITIONS OF APPROVALIF ANY:	TITLE REPRE	SEMIATIVE IVE) 1 % x2 " _	DATE		

MAR 2 3 2006