

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-31701
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2706
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	40
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4001' GR

**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.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator  
CHEVRON USA INC

3. Address of Operator  
15 SMITH RD, MIDLAND, TX 79705

4. Well Location  
Unit Letter K : 1590 Feet From The SOUTH Line and 2404 Feet From The WEST Line  
Section 25 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4001' GR

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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: INJECTOR C/O & PROFILE ☒

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.

4-28-06: MIRU.

5-01-06: REL PKR. PU BHA. TIH W/TBG & BHA TO 5760.

5-02-06: TIH W/TBG. TAG UP @ 5827. C/O FR 5827-5992. PU PKR. TIH W/TBG. SET PKR @ 5914. CIRC 130 BBLS PKR FLUID.

5-03-06: LOAD PRESSURE ANNULUS TO 570# FOR MIT FOR NMOC. HAD LEAK IN FLANGE ON WELL. PRESS ANNULUS TO 570# FOR CHART TEST. RIG DOWN.

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

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist

TYPE OR PRINT NAME Denise Pinkerton

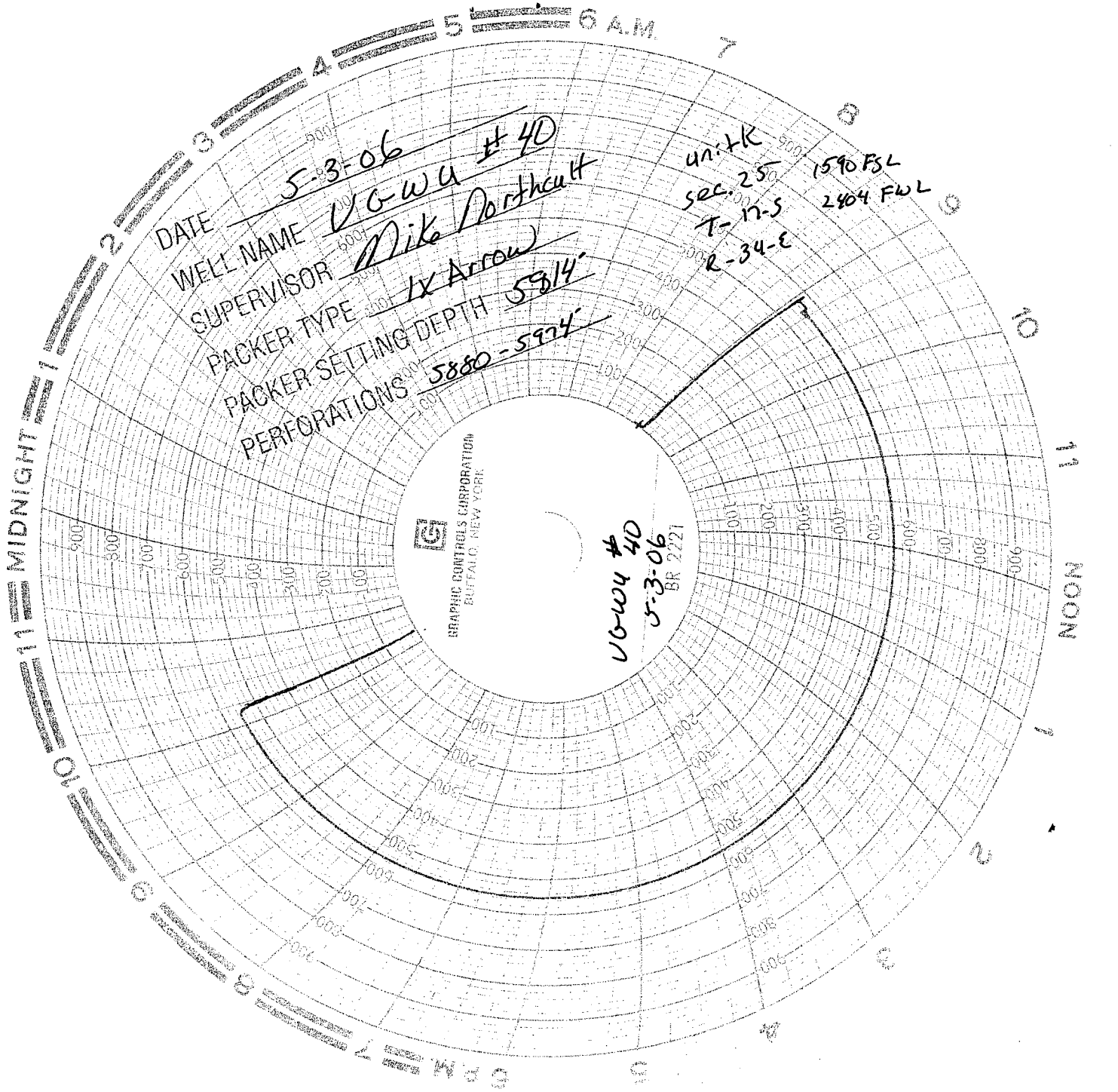
DATE 5/8/2006  
Telephone No. GL 2432-687-7375

(This space for State Use)

APPROVED Larry W. Wink  
CONDITIONS OF APPROVAL IF ANY: OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

**MAY 10 2006**



DATE 5-3-06  
WELL NAME V6-W4 #40  
SUPERVISOR Mike Northcutt  
PACKER TYPE 1x Arrow  
PACKER SETTING DEPTH 5814'  
PERFORATIONS 5880-5994'

unit K  
SEC. 25  
T-17-S  
R-34-E  
1590 FSL  
2404 FWL

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

V6-W4 #40  
5-3-06  
BR 2221