Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-8

District Office	Chergy, Millerals and Iva	itulai iX	esources Department		F	Revised 1-1-89
<u>DISTRICT I</u>	OIL CONSERV.	ATI	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240				30-025-25705		
DISTRICT II Santa Fe New Mexico 87504-2088				5. Indicate Typ	e of Lease	
P.O. Box Drawer DD, Artesia, NM 88 DISTRICT III	3210				STATE 🗸	FEE
1000 Rio Brazos Rd., Aztec, NM 874	410			6. State Oil / G	as Lease No. 857943	
SUNDRY NOTICES AND REPORTS ON WELLS					007540	6.14
(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.					e or Unit Agreement Nam	16
				CENTRAL V	ACUUM UNIT	
1. Type of Well: OIL GAS OTHER INJECTOR						
Name of Operator CHEVRON USA INC				8. Well No.	42	
Address of Operator 15 SMITH RD, MIDLAND, TX 79705				9. Pool Name VAC	or Wildcat JUM GRAYBURG SAN A	NDRES
4. Well Location						
Unit Letter A	: 32 Feet From The	_NOR	TH Line and 1286	Feet From ⁻	The <u>EAST</u> Lir	ie
Section 36	Township 17S	F	Range <u>34E</u> NN	1PM	LEA COL	JNTY
PCDP CONTROL C	10. Elevation (Show whether I	DF, RKB	RT,GR, etc.) 3993' GR		56.4	
11. Chec	ck Appropriate Box to Indica	ite Nat	ture of Notice, Report	or Other D	ata	
NOTICE OF INTEN	ITION TO:		SU	JBSEQUE	NT REPORT OF	= :
PERFORM REMEDIAL WORK	PLUG AND ABANDON	~	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OP	ERATION	PLUG AND ABANDON	=
PULL OR ALTER CASING		_	CASING TEST AND CEMEN	NT JOB		_
OTHER:			OTHER:	_		
2) WITH SAME STRING, PROC 3800'-3470' #2 3100' -2765' #3 1312'-982' #4 622' -292' #5 132' - SURFACE #6 ON PLUGS #4 & #5, PERFORM S CALCULATIONS WERE MADE W COVER BOTTOM WELL SECTION	TO PLUG & ABANDON THE SUB AS FOLLOWS: SET CMT PLUG (4278-3948 - 25 EED IN SETTING FIVE (5) ADDIT	SACKS FIONAL CU.FT, F	B #1) VERIFY TOC. CMT PLUGS PER SACK & CASING CA CASING LEAKS AROUND	DACITY OF T	1181920212233	262728293C
4) RIG DOWN. SEND Thereby certify that the information above is true and o		•••	BEGINNING O	24 HOU	RS PRIOR TO	THE
SIGNATURE NUMBER	Whenton_ TITLE_	Regu	ulatory Specialist		DATE5/11/	2006
TYPE OR PRINT NAME	Denise Pinkerton				Telephone No. 4	32-687-7375