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 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-21637 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🔀 FEE \square Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-155 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.) Vacuum Glorieta West 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 79705 Vacuum Glorieta 4. Well Location 2090 2086 Unit Letter feet from the South line and feet from the line Section Township **NMPM** Range County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4001' DF 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 \mathbf{x} 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: 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. 07-15-03 MIRU. TIH w/fishing tool; not able to catch fish. TIH w/grapple; no luck to catch fish. TIH w/2-3/8" prod that to fish, latch on to rods & unset pump. TOH w/rods. 07-16-03 Rel TAC. 07-17-03 TIH w/rods. 07-18-03 TIH w/rods & changed out rod boxes. Hung well on & load & test to 500 psi (good) FD. FINAL REPORT. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. TITLE Regulatory Specialist DATE_ 07-23-03 Type or print name Laura Skinner Telephone No. OC FIELD REPRESENTATIVE II/STAFF MANAGER (This space for State use) APPROVED BY 🗡 🗸 TITLE

Conditions of approval, if finy: