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 30-025-02191 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 858150 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.) West Vacuum Unit 1. Type of Well: Oil Well Gas Well Other 8. Well No. Name of Operator 24 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator 15 Smith Road - Midland, Texas 79705 Vacuum Grayburg San Andres 4. Well Location 1980 1980 East South feet from the Unit Letter feet from the line and line **NMPM** Section Township 17S Range 34E County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: 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 COMPLETION **CEMENT JOB** OTHER: Casing Integrity Test for TA Extension \mathbf{x} 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. 08-04-03 0.02/22/23/24/2 Tested casing to 560# for 30 minutes. Well is temporarily abandoned. Request "Temporarily Abandon" well status be extended. Original chart w/copy attached. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. 5016€ TITLE Regulatory Specialist SIGNATURE. 08-08-03 Type or print name Laura Skinner Telephone No. 432-687-7355 OC FIELD REPRESENTATIVE II/STAFF MANAGER (This space for State use)

APPROVED BY

Conditions of approval, if any:

DATE AUG 1 1 2003

