

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.	30-025-24328
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1189-1
7. Lease Name or Unit Agreement Name	VACUUM GRAYBURG SAN ANDRES UNIT
8. Well No.	15
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER INJECTION
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>J</u> : <u>1400</u> Feet From The <u>SOUTH</u> Line and <u>2450</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>18S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4009' 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: ☒ REPAIR PKR OR TBG LEAK

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.

10-18-06: MIRU RU & PU. SET PLUG ON PKR. TEST CSG TO 500#. GOOD. TEST TBG TO 2000#. PRESSURE DID NOT GO UP ON CSG. FISHED PLUG.

10-19-06: PUMP 50 BBLS DN TBG @ 3 BBLS PER MIN. 850#. PRESSURE ON CSG DID NOT GO UP. RUN 30 MINS. CHART @ 540#. GOOD. (ORIGINAL CHART & COPY OF CHART ATTACHED). 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

DATE 11/1/2006

TYPE OR PRINT NAME Denise Pinkerton

Telephone No. 432-687-7375

(This space for State Use)

APPROVED Hay W. Wink
CONDITIONS OF APPROVAL, IF ANY:

TITLE FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

NOV 08 2006

