## State of New Mexico

District Office  Energy, Minerals and Natural Resources Department						m C-103 rised 1-1-8
DISTRICT I	OIL CONSERV	7 A TI	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-02206			
DISTRICT II  D.O. Box Description NM 88240 Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease		
P.O. Box Drawer DD, Artesia, NM 8821	o Santa Fe, New	Mexico	0 87504-2088	5. Indicate Typ	STATE	FEE [
DISTRICT III				6. State Oil / G		
1000 Rio Brazos Rd., Aztec, NM 87410				0.0.0.0	858150	
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.				7. Lease Name WEST VAC	e or Unit Agreement Name JUM UNIT	
1. Type of Well: OIL GA	S OTHER					
Name of Operator     CHEVRON USA INC				8. Well No.	27	
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705				9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES		
4. Well Location						
Unit LetterK:_	1980 Feet From The	SOUT	TH_Line and 1980	Feet From 1	The WEST Line	
Section 34	Township 17S	F	Range <u>34E</u> NI	MPM	LEA COUNT	Υ
	10. Elevation (Show whether	DF, RKB,	RT,GR, etc.)			
11. Check	Appropriate Box to Indica	ate Nat	ure of Notice, Report	, or Other D	ata	
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OP	ING OPERATION PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CEM		NT JOB				
OTHER:					DE COMMUNICATION	<b>~</b>
<ol> <li>Describe Proposed or Completed C proposed work) SEE RULE 1103.</li> </ol>	perations (Clearly state all pe	ertinent de	etails, and give pertinent o	lates, including	estimated date of startin	g any
11-06-06: MIRU. 11-07-06: BLED WELL DOWN. FISHI 11-08-06: TIH W/PKR, 125 JTS 2 3/8 LATCH ONTO PKR. 11-09-06: REPLACED WH. RAN CHA	'. SET PKR @ 3977. BTM @ \RT - 550# FOR 30 MINS., G0	3986. TE	ST CSG TO 500# FOR 1	5 MINS. GOOD	D. CIRC 95 BBLS PKR F	_UID.
PUT ON INJECTION. FINAL REPOR	. 1					

TITLE Regulatory Specialist

DATE Telephone No.

432-687-7375

TYPE OR PRINT NAME

Denise Pinkerton

TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGEE

NOV 1 7 2006

DeSoto/Nichols 12-93 ver 1.0

