State of New Mexico Submit 3 Copies To Appropriate District 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 District II 30-025-02112 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 Santa Fe, NM 87505 STATE 😠 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1056 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.) Central Vacuum Unit 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 37 3. Address of Operator 9. Pool name or Wildcat 15 Smith Road - Midland, Texas 79705 Vacuum Grayburg San Andres 4. Well Location 660 Unit Letter feet from the line and feet from the East line Section 25 Township 17S Range 34E **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3997' GL 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 x ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION **CEMENT JOB** OTHER: OTHER: Sub Pump Failure X 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. 08-27-03 OMIRU. TOH w/140 jts 2-3/8" tbg; lay down sub pump. TIH w/47 jts tbg to 1500' for kill string. 08-28-03 TIH w/sub pump & 140 jts 2-3/8" tbg (bottom of pump @ 4440.70'). No power to test start pump. 08-29-03 Telegram sub pump (good). RD. FINAL REPORT. 7 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist **SIGNATURE** 09-03-03 DATE. Type or print name Laura Skinner Telephone No. 432-687-7355 (This space for State use) TOX FIELD REPRESENTATIVE II/STAFF MANAGEF

Conditions of approval, if any