

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br><b>30-025-20510</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>B-3196</b>   |
| 7. Lease Name or Unit Agreement Name:<br><b>Vacuum Glorieta West Unit</b>                           |
| 8. Well No.<br><b>57</b>  |
| 9. Pool name or Wildcat<br><b>Vacuum Glorieta</b>   |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

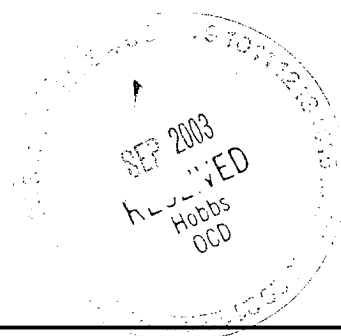
|  |   |
|--|---|
| 1. Type of Well:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other   | 8. Well No.<br><b>57</b>                          |
| 2. Name of Operator<br><b>Chevron U.S.A. Inc.</b>  | 9. Pool name or Wildcat<br><b>Vacuum Glorieta</b> |
| 3. Address of Operator<br><b>15 Smith Road - Midland, Texas 79705</b>  |   |
| 4. Well Location<br>Unit Letter <b>A</b> : <b>760</b> feet from the <b>North</b> line and <b>510</b> feet from the <b>East</b> line<br>Section <b>35</b> Township <b>17S</b> Range <b>34E</b> NMPM County <b>Lea</b> |   |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>4031' - DF</b>  |   |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                        |  | SUBSEQUENT REPORT OF:  |   |
|--|--|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>    | REMEDIAL WORK <input checked="" type="checkbox"/>                  | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>        | COMMENCE DRILLING OPNS. <input type="checkbox"/>                   | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/>                |   |
| OTHER: <input type="checkbox"/>                |  | OTHER: <b>Sub Pump Failure</b> <input checked="" type="checkbox"/> |   |

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 recompletion.

08-25-03 MIRU. TOH w/183 jts 2-7/8" tbq; lay down sub pump. Change out pipe rams on BOP. TIH w/ 2-7/8" tbq for kill string.  
08-26-03 TOH w/kill string & PU sub pump & 183 jts 2-7/8" prod tbq. Bottom of pump @ 5766'. Test run pump & shut pump down. Rig down. FINAL REPORT.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 09-02-03

Type or print name Laura Skinner Telephone No. 432-687-7355

(This space for State use)

APPROVED BY Harry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 05 2003  
Conditions of approval, if any: