

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. 30-025-20873
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520
7. Lease Name or Unit Agreement Name: Vacuum Glorieta West Unit
8. Well No. 22H
9. Pool name or Wildcat Vacuum Glorieta

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator CHEVRON U.S.A. INC.
3. Address of Operator 15 Smith Road - Midland, Texas 79705
4. Well Location Unit Letter E : 2310 feet from the North line and 660 feet from the West line Section 25 Township 17S Range 34E NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐ MULTIPLE COMPLETION ☐

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: **Change Out Traveling Valve**

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.

08-21-03 MIRU. Lay down rod & liner; worked on fishing standing valve. TOH w/rods. Called CDI for new plunger and standing valve. TIH w/valve & rods. Hang well on.
08-22-03 MIRU hot oil truck to load & test to 500#. (good). Started well. 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 08-28-03

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

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Harry W. Wink TITLE _____ DATE SEP 05 2003
Conditions of approval, if any _____