

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.	30-025-31838
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1056-2
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	41
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3995' GR

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 ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH RD, MIDLAND, TX 79705

4. Well Location
Unit Letter J : 1377 Feet From The SOUTH Line and 1646 Feet From The EAST Line
Section 25 Township 17S Range 34E NMPM LEA COUNTY

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

NOTICE OF INTENTION TO:

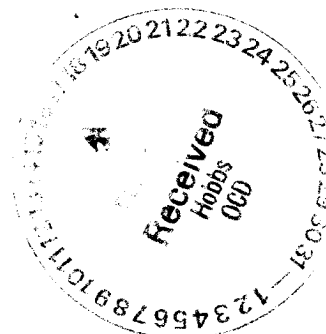
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ PROFILE MODIFY, H2O TO GLORIETA

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.

1-24-07: MIRU. TIH & TAG FILL @ 5984. TREAT W/40 BBLS 9# BRINE, 2000 GALS FLOCHEK W/600# DIAMOND SEAL. BEGINNING TP 0# ON VAC, 40 BBLS 9#, @ 225# TP, 2000 GALS FLOWCHEK 2/600# DIAMOND SEAL, 47 BBLS GONE TP 35 PSI. FLUSH W/9# BRINE. END OF FLUSH 281# TP. ON VAC. 2ND STG: 2000 GALS FLOCHEK W/600# DIAMOND SEAL. END OF FLOWCHEK TP 30 PSI. FLUSH 28 BBLS. FLUSH GONE TP 601#, 36 BBLS FLUSH GONE 636#, ISIP 135#, 90 SECONDS TP 0#. 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 2/15/2007

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

OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE