Submit 3 Copies To Appropriate District	State of Ne			Form C-10		
Office District I	Energy, Minerals and	Natural Resources	CHARLE A DE SAG	Revised March 25, 199	99	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-025-02959			
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III	2040 South Pacheco					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, N	NM 87505	STATE X		_	
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas 857943	Lease No.		
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPORTION OF PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name: Central Vacuum Unit					
Oil Well X Gas Well	Other		8. Well No.		_	
2. Name of Operator			50 Well No.			
Chevron U.S.A. Inc. 3. Address of Operator			9. Pool name or Wildcat			
15 Smith Road - Midland, Texas 79705			Vacuum Grayburg San Andres			
4. Well Location				Jour 12 March	1	
,	660		660			
Unit Letter	feet from the	North line and	feet from	n the <u>West</u> line	e	
Section 31	Township 17	<u> </u>	NMPM	County Lea		
	10. Elevation (Show wh	ether DR, RKB, RT, GR, e 3997' GL	etc.)			
11. Check A	Appropriate Box to Ind		Report, or Other	Data	223	
NOTICE OF INT	* * *		BSEQUENT REF			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ABANDONWENT		
OTHER:		OTHER: Sub Pum	p Failure		X	
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	ed Operations (Clearly state SEE RULE 1103. For Mu	e all pertinent details, and ultiple Completions: Attac	give pertinent dates, in th wellbore diagram of	ncluding estimated date f proposed completion		
09-03-03 MIRU. 09-04-03 TOH w/145 jts 2 string to 2485' 09-05-03 PU new sub pump				tbg for kill RD. Started		
sub pump. FINA		, o , , , , , , , , , , ,		Con The Control of th		
		(c				
		<u>:</u>			_	
I hereby certify that the information above	e is true and complete to the b	pest of my knowledge and bel	ief.			
SIGNATURE OMNA SR	inner	TITLE Regulatory Spe	cialist]	DATE <u>09-09-03</u>	_	
Type or print name Laura Skinner			Telephe	ene No. CD 32-687-7355	i.	
(This space for State use)	. ^ ~	C FIELD REPRESENTATIV	E II/STAPF MANAGE	- VET 1 3 2003	5	
(This space for state use)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
APPROVED BY Conditions of approval, if any	J. Line	_ TITLE	D	ATĘ	_	