Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Revised 1-1-09
	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-33587
DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	STATE FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	B-1030
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFFRENT RESERVOIR. USE "APPLICATION FOR PERMI	WEST VACUUM UNIT
(FORM C-101) FOR SUCH PROPOSALS.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Type of Well: OIL GAS WELL OTHER INJECTION	
Name of Operator CHEVRON USA INC	8. Well No. 56
	9. Pool Name or Wildcat
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705	VACUUM GRAYBURG SAN ANDRES
4. Well Location Unit Letter O: 100 Feet From The SOUTH Line and 2450	Feet From The <u>EAST</u> Line
Section 34 Township 17-S Range 34-E NN	IPM LEA_ COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4030' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
· · · · · · · · · · · · · · · · · · ·	JBSEQUENT REPORT OF:
DI LIC AND ARANDON DEMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING CASING CASING TEST AND CEMEN	TA WITH CHART
OTHER: OTHER:	TA WITH CHART
 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. 4-24-07: CIBP SET @ 4490'. TEST CSG TO 530 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED). 	
4-24-07: CIBP SET @ 4490. TEST CSG TO 530 PSI FOR 30 MINOTES. (ORIGINAL CHART & COPT OF CHART ATTACHES).	
WELL IS TEMPORARILY ABANDONED.	
This Approval of Temporary $4/24/12$ Abandonment Expires This Approval of Temporary $4/24/12$ This Approval of Temporary $4/24/12$ Abandonment Expires	
Thereby certify that the infootation above is true and compile to the cest of rily knowledge and belief. SIGNATURE Regulatory Specialist	DATE EINIOOZ
SIGNATURE TITLE Regulatory Specialist	DATE <u>5/8/2007</u> Telephone No. 432-687-7375
	Telephone No. 432-687-7375

(This space for State Use)

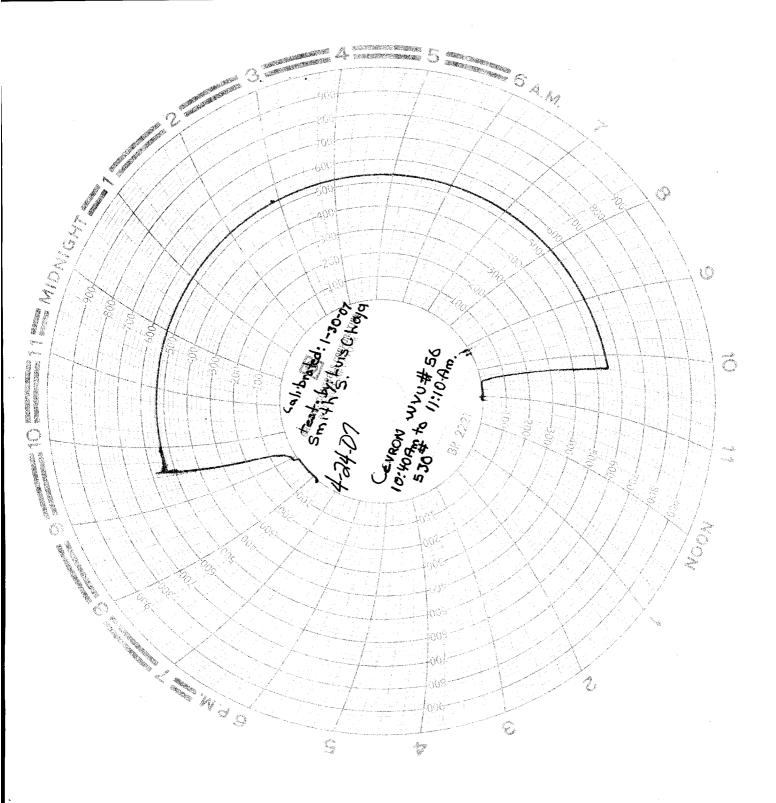
APPROVED LOW W. W. W. CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME

Denise Pinkerton

TITL OC FIELD REPRESENTATIVE II/STAFF MANAGER
DATE

MAY 1 6 2007



WEST WACUUM WIT # S. 100 F.S. & 2450 FEL 360 34 T.175 R 34-E 378745. TA HP1 30-025-33587