## Submit 3 copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office			Reviseu	1-1-05		
<u>DISTRICT I</u>	OIL CONSERVA	TION DIVISION	WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		30-025-37232			
DISTRICT II	Santa Eo New Me		5. Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NM 88210	Sama re, ivew ivie	100 07 304-2000	· · · · · · · · · · · · · · · · · · ·	E []		
DISTRICT III			6. State Oil / Gas Lease No.			
1000 Rio Brazos Rd., Aztec, NM 87410			World State Comment of the Comment o	North Birth & ale		
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.			7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	朝春		
1. Type of Well: OIL GAS WELL WELL						
Name of Operator     CHEVRON U	JSA INC		8. Well No. 240	-		
Address of Operator			9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES			
4. Well Location	_					
Unit Letter N : 257' Feet From The SOUTH Line and 2519' Feet From The WEST Line						
Section 36 Township 17-S Range 34-E NMPM LEA COUNTY						
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3991'						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION	ON TO:	S	UBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	✓ ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PERATION PLUG AND ABANDONMENT	$\overline{\Box}$		
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB			
OTHER:		OTHER: NED DI TO	, , _	<b>✓</b>		
proposed work) SEE RULE 1103.  5-07-07: MIRU.  5-09-07: BLED WELL DN. CIRC 100 B	BLS 10# BRINE. TEST CSG TO & 136 JTS 2 3/8" TBG. CIRC 100 T ATTACHED).	nt details, and give pertinent	dates, including estimated date of starting any T-GOOD. RAN CHART - 30 MINS TO 520#-	<i>'</i>		

<u> </u>	`		
I hereby certify that the information above is t	rue and complete to the best of my knowledge and belief.		
SIGNATURE	Se Jankerton ITLE	Regulatory Specialist	DATE 5/21/2007
9	_		Telephone No. 432-687-7375
TYPE OR PRINT NAME	Denise Pinkerton		

(This space for State Use)

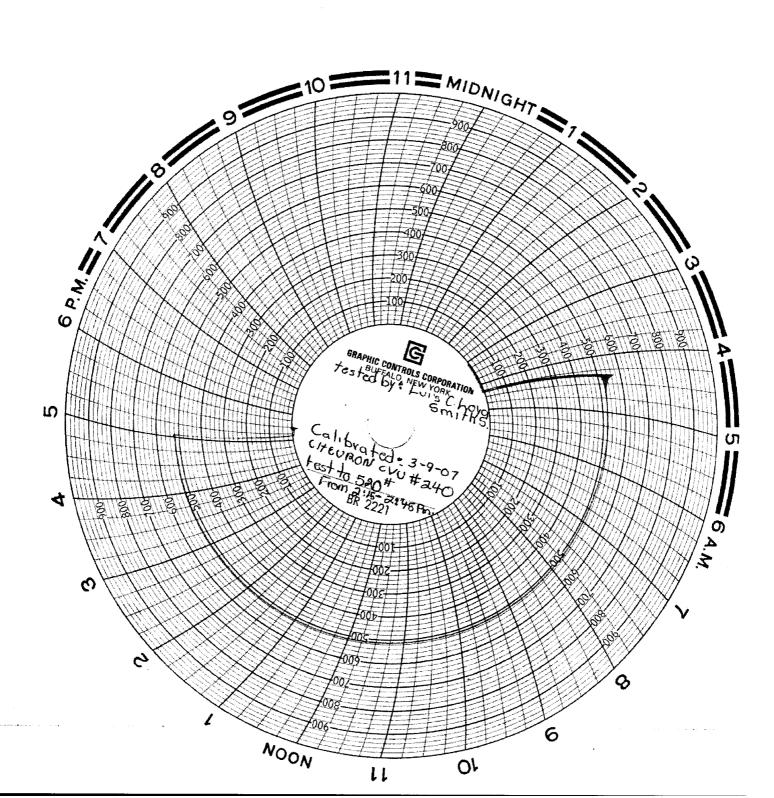
APPROVED: Jay W. Wink.

CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE ILYSTAFF MANAGER

DATE

MAY 2 4 2007



DATE STITO TO 240 MELL NAME CON ARROWS HER TYPE TIME DEPTH 4712 PACKER SETTING DEPTH 4712 PRESERVENCE HERETONS HERETONS