	State of New N	Mexico		<b>5</b> 0.400
Submit 3 copies to Appropriate District Office	Energy, Minerals and Natural Ro	esources Department		Form C-103 Revised 1-1-89
<u>DISTRICT I</u>	OIL CONSERVATION	ON DIVISION	WELL API NO.	
D.O. Boy 1980, Hobbs, NM, 88240		30-025-24019		
P.O. Box 2088  DISTRICT II				
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	5 87504-2088	<ol> <li>Indicate Type of Lease</li> <li>STATE ✓</li> </ol>	FEE [
DISTRICT III			6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410			B-4118	~s
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			7. Lease Name or Unit Agreement Na	ne
(FORM C-101) FOR SUCH PROPOSALS.			NORTH VACUUM ABO WEST U	NIT
1. Type of Well: OIL GAS OTHER INJECTIONI				
2. Name of Operator			8. Well No.	
CHEVRON USA INC				
	D, MIDLAND, TX 79705		9. Pool Name or Wildcat VACUUM ABO, NORT	Ή
4. Well Location	000	TIL Line and CCO	Foot From The FACT	
Unit Letter P :	660 Feet From The SOU	IH Line and 660	Feet From The_ <u>EAST</u> Li	ne
Section 21	_ Township17SF	Range <u>34E</u> NM	IPMLEA_CO	UNTY
	10. Elevation (Show whether DF, RKB	, RT,GR, etc.) 4058' GL	, je	
11. Check A	ppropriate Box to Indicate Nat	ture of Notice, Report,	, or Other Data	
NOTICE OF INTENTION	ON TO:	SI	JBSEQUENT REPORT O	F·
				٠.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	ERATION PLUG AND ABANDON	IMENT [
PULL OR ALTER CASING		CASING TEST AND CEMEN	NT JOB	
OTHER: INTENT TO TEMP	PORARILY ABANDON	OTHER:		
<ol> <li>Describe Proposed or Completed Opproposed work) SEE RULE 1103.</li> </ol>	erations (Clearly state all pertinent d	etails, and give pertinent da	ates, including estimated date of sta	arting any
CHEVRON U.S.A. INC. INTENDS TO T DETERMINE HOW BEST TO UTILIZE				
THE SUBJECT WELL HAS BEEN PER	FORATED & STIMILI ATED THROU	CHOLIT THE ENTIRE PAY	/ INTERVAL SUGGESTING THAT	THERE ARE
NO PERFORATING OR STIMULATION				THERE ARE
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			State Strate Str	
	)			
I hereby certify that the information above is true and complete	/ 1/. / \ _	ulatory Specialist		
SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TITLE Regu	natory Specialist	DATE <u>6/26</u>	/2007

OC FIELD REPRESENTATIVE IL/STAFF MANAGER CONDITIONS OF APPROVALUE ANY:

Denise Pinkerton

TYPE OR PRINT NAME

JUN 2 8 2007

Telephone No.

432-687-7375