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State of New Mexico

Form C-103

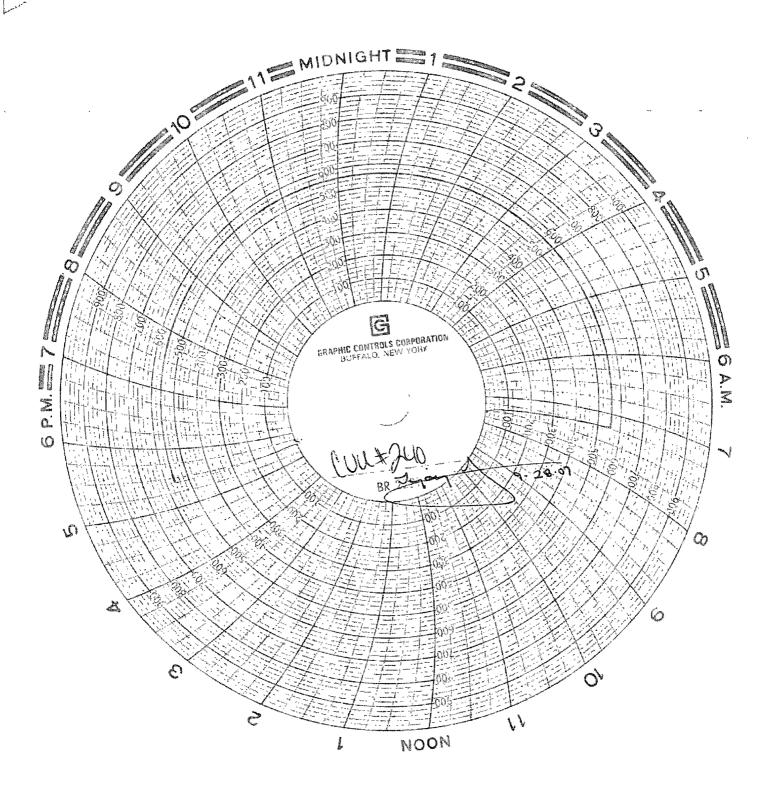
to Appropriate District Office	Energy, Minerals and Natur	al Resources Department		Revis	ed 1-1-89	
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO			
P.O. Box 1980, Hobbs, NM 88240	P.O. Box		1122711110	30-025-37232		
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Me	xico 87504-2088	5. Indicate Type			
DISTRICT III	,			STATE 🗸	FEE [
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Ga	is Lease No.		
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	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT		
1. Type of Well: OIL GAS WELL WEI	S					
Name of Operator CHEVRON	USA INC		8. Well No.	240		
Address of Operator 15 SMITH F	RD, MIDLAND, TX 79705		9. Pool Name or VACUL	r Wildcat UM GRAYBURG SAN ANDRE	ES .	
4. Well Location						
Unit Letter N:	Feet From TheS	SOUTH Line and 2519'	Feet From Th	he <u>WEST</u> Line		
Section 36	Township17-S	Range <u>34-E</u> NI	мРМ	LEA COUNTY		
	10. Elevation (Show whether DF,	RKB, RT,GR, etc) 3991'			A probability	
11. Check A	Appropriate Box to Indicate	Nature of Notice, Report	t, or Other Da	ata		
NOTICE OF INTENTION	ON TO:	SI	UBSEQUEN	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	✓	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	ERATION	PLUG AND ABANDONMENT	r 🗍	
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB			
OTHER:		OTHER.	4	TBG LEAK	<u> </u>	
12. Describe Proposed or Completed Oproposed work) SEE RULE 1103.	perations (Clearly state all pertine	ent details, and give pertinent of	dates, including	estimated date of starting	any	
8-15-07: MIRU. TIH W/BLANKEN PLU 2494. 8-16-07: TEST CSG TO 530# FOR 30 COMPRESSION. CHART & TEST BS REPORT. ****LOST ORIGINAL CHART*****	MINS. GOOD. TIH W/2 3/8" TBG	G. CIRC 100 BBLS 10# BRINE	PKR FLUID. S	SET DN ON PKR W/8 PTS	3	
9-28-07: RERAN CHART. TEST CSG	TO 560 PSI FOR 30 MINUTES.	(ORIGINAL CHART & COPY	OF CHART ATT	ACHED).		
		To the state of th	3450700	13 14 15 18 P		
I hereby certify that the information above is true and complete	te to the best of my knowledge and belief	Regulatory Specialist		DATE 10/9/2007		
SIGNATORL O WOTHER STATE	THE THE	·			37-7375	
				,		

TYPE OR PRINT NAME

Denise Pinkerton

OC PIELD REPRESENTATIVE NATAFF MANAGEDATE

OCT 1 5 2007



CENTRALLEMENT #246
DA. 21e.07

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