Submit 3 Copies To Appropriate District Office	State of New Me	exico	Form C-103		
District I	Energy, Minerals and Natural Resources		May 27, 2004		
1625 N French Dr , Hobbs, NM 88240			WELL API NO. 30- 5	125.38785	
<u>District II</u> 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		NEW APD NOT GENE		
District III	1220 South St. Fran	-	5. Indicate Type of Leas		
1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 8		STATE V FEE		
<u>District IV</u> 1220 S St Francis Dr , Santa Fe, NM	Santa I e, I vivi o	7505	6. State Oil & Gas Leas	e No.	
87505					
	ES AND REPORTS ON WELLS		7. Lease Name or Unit A	Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					
PROPOSALS)			VACUUM GRAYBUR	G SAN ANDRES	
1. Type of Well: Oil Well Gas Well Other			UNIT		
			8. Well Number 438	~	
2. Name of Operator			9. OGRID Number 432	23	
CHEVRON U.S.A. INC.					
3. Address of Operator			10. Pool name or Wildcat		
15 SMITH ROAD, MIDLAND, TEXAS 79705			VACUUM GRAYBURG	3 SAN ANDRES	
4. Well Location	-				
Unit Letter A:, 10 feet from	the NORTH line and 420 feet fr	om the EAST line		_	
Section 1 Township 18S	Range 34E	NMPM	County LEA		
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)		\$71\$401.17VI	
	3986'	, , , ,			
Pit or Below-grade Tank Application or C	losure 🗌		100 300000	2.0 /4 / //	
Pit typeDepth to Groundwater	Distance from nearest fresh w	ater wellDist	ance from nearest surface wate	r	
Pit Liner Thickness: mil	Below-Grade Tank: Volume		nstruction Material		
12. Check App	propriate Box to Indicate N	ature of Notice,	Report or Other Data		
NOTICE OF INTE	ENTION TO:	SUR	SEQUENT REPORT	Γ Ω Ε·	
	PLUG AND ABANDON	REMEDIAL WORK		RING CASING □	
	CHANGE PLANS	COMMENCE DRI			
<u> </u>	MULTIPLE COMPL	CASING/CEMENT		, , , , , , , , , , , , , , , , , , ,	
_	_				
OTHER: CHANGE CASING PLANS		OTHER:			
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. PLEASE AMEND THE CASING STRINGS AS FOLLOWS: SURFACE SHOE DEPTH: 450'					
or recompletion.			121314	101770	
DI EASE AMEND THE CASING STR	INCC AC POLLOWS.		613	<u>'</u>	
PLEASE AMEND THE CASING STR SURFACE SHOE DEPTH: 450'	INGS AS FULLOWS:		(a) 15 %	a 'S'	
HOLE DIAMETER: 14.75"			100 JUL 201	10, 60 KJ	
CASING: 11 ³ / ₄ ", 42# H-40, ST&C			(a) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	No.	
SINGLE SYSTEM:385 SX 14.8 PPG, Y	Y-1.34 CU.FT/SX. MIX WATE	R-6.29 GAL/SX CL	C+0 1 PPS POLVER AKE	ADIS H2%CACL	
		0.25 0112/011,02	O TO THE MAN	A.	
INTERMEDIATE SHOE DEPTH: 320	0'		CZ	2016 S	
HOLE DIAMETER: 11"			15056	2821262	
CASING: 8.625, 24 PPF, K-55, ST&C					
CEMENTING STAGE 1 (BELOW DV			•		
LEAD: 445 SX, 13.5PPG, Y-1.72 CU.F	T/SX,MIX WATER-9.08 GAL/	SX,CL C+4%BENT	ONITE+0.2% ANTIFOA	.MER	
TAIL: 200 SX 14.8 PPG, Y-1.36 CU.FT	SX,MIX WATER=6.43 GAL/S	SX,CL C +5%SALT	C,+0.1 PPS POLYFLAKE		
CEMENTING STAGE 2: ABOVE DV		V CI C. MACRESIE			
LEAD: 155 SX,13.5PPG,Y-1.73 CU.FT TAIL: 160 SX,14.8PPG,Y-1.33 CU.FT/	/SX,MIX WATER-9.08 GAL/S	X,CL C+4%BENTO	ONITE+1%CACL		
TAIL: 100 5X,14.81 FG, 1-1.33 CU.F 1/	SA,MIA WATER-0.3 GAL/SX,	CL C + 1% CACL			
PRODUCTION SHOE DEPTH: 5200'					
HOLE DIAMETER: 7.875					
CASING 0 TO 4000', 5.5" 15.5PPF, K-	55, LT&C				
4000'TO 5200', 5.5" 17PPF,K-55 LT	`&C				
LEAD: 290 SX,12.4 PPG, Y-2.15 CU.FT/SX,MIX WATER-11.98 GAL/SX,35:65 POZ CL H +5%SALT,+6%BENTONITE,0.1PP					
DOLLIES ATTENDANCE STREET			,	,	

TAIL: 645 SX 14.2PPG, Y-1.36 CU.FT/SX,MIX WATER-6.32 GAL/SX, 50:50 POZ, CL H +5%SALT,2%BENTONITE,0.1PPS

Submit 3 Copies To Appropriate District

POLYFLAKE, 0.2% ANTIFOAMER

POLYFLAKE, 0.3% UNIFLAC, 0.2% ANTIFOAMER.

I hereby certify that the information above is true and con	nplete to the best of my knowledg	ge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NM	OCD guidelines [], a general permit [or an (attached) alternative OCD-approved plan
SIGNATURE SAMSE PANKER TON	TITLE Regulatory Specialist	
Type or print name Denise Pinkerton E-mail address:	leakejd@chevron.com	Telephone No.432-687-7375
For State Use Only		10.0p.none 1.0.132 001 7373
APPROVED BY:	OC DISTRICT SUPERVISOR/G	EMERAL MANAGER DATE