

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO	30-025-26790
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil / Gas Lease No.	857943
7 Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8 Well No	146
9 Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

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.	
1 Type of Well	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/>
2 Name of Operator	CHEVRON USA INC
3 Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4 Well Location	Unit Letter <u>G</u> <u>2465</u> Feet From The <u>NORTH</u> Line and <u>1335</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> COUNTY
10 Elevation (Show whether DF, RKB, RT, GR, etc)	

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ MIT WITH CHART

12 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.

01-04-08 MIRU.

01-07-08 NUBOP.TOH W/TBG & ON/OFF TOOL.

01-08-08: RAN TBG TIH W/ON/OFF TOOL CIRC 65 BBW PKR FLUID. PRE-TEST CSG TO 550#. GAINED 60#. PRE-TESET CSG TO 550#. GAINED 10#. RETR BLANKING PLUG. RIG DOWN. (DID NOT PULL PKR) ORIGINAL CHART & COPY OF CHART ATTACHED.

RECEIVED

FEB 13 2008

HOBBS OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 2/12/2008
TYPE OR PRINT NAME Denise Pinkerton Telephone No 432-687-7375

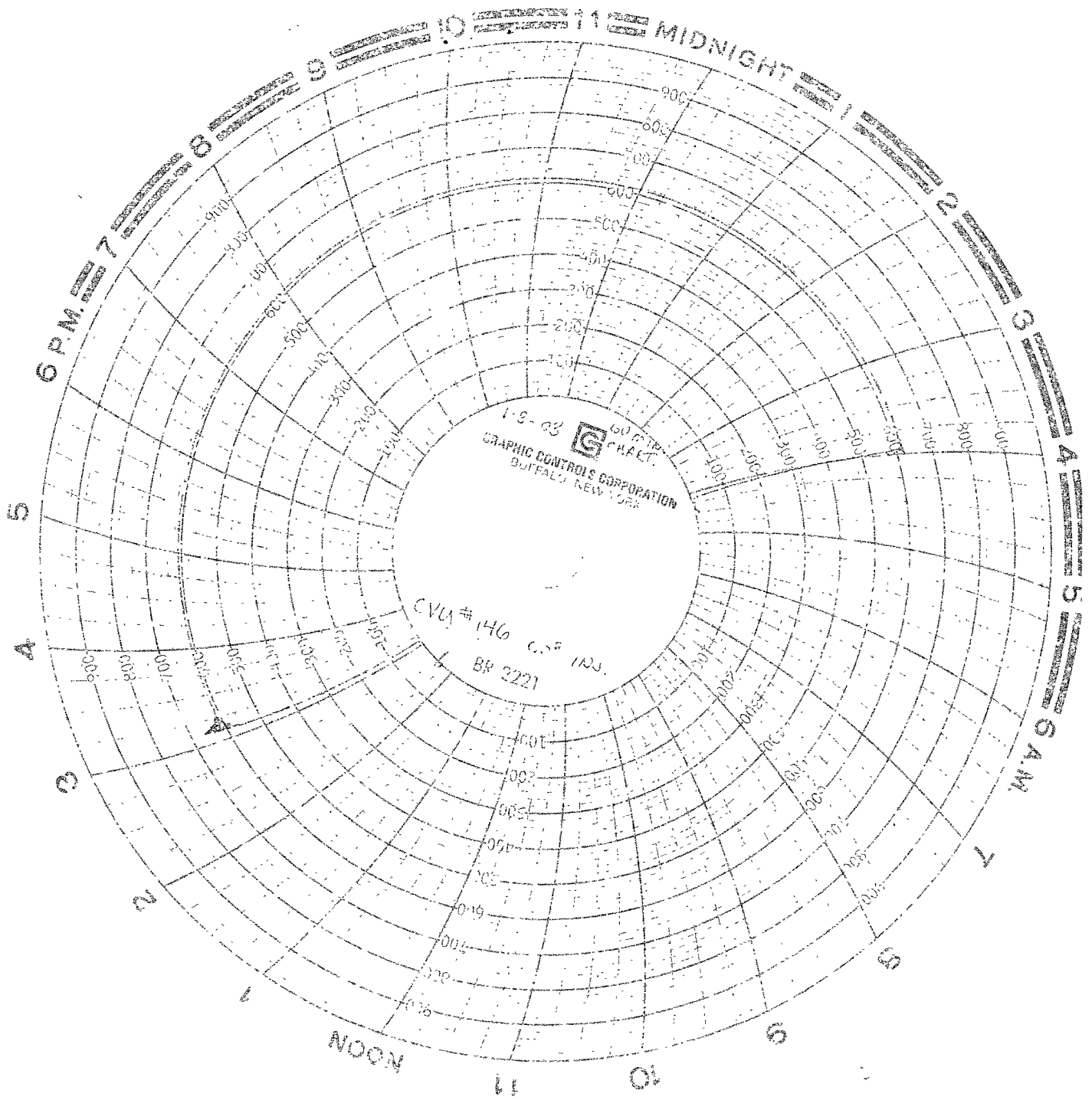
(This space for State Use)

APPROVED Chris Williams
CONDITIONS OF APPROVAL, IF ANY

OC DISTRICT SUPERVISOR/GENERAL MANAGER
TITLE

DATE

MAR 18 2008



DATE 1/8/08
WELL NAME CVU #146
SUPERVISOR Bobby Hill
PACKER TYPE Arrow Set 1X
PACKER SETTING DEPTH
PERFORATIONS 4346' - 4683' 4209