State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-26281 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-3011 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit 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 Grayburg San Andres Unit 1. Type of Well: Oil Well Gas Well G Other Injection 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator 15 Smith Road - Midland, Texas 79705 Vacuum Grayburg San Andres 4. Well Location 2500 feet from the feet from the line and line Unit Letter 34E **NMPM** County Township **18**S Range Section Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND MULTIPLE PULL OR ALTER CASING COMPLETION CEMENT JOB \mathbf{x} OTHER: OTHER: Replace Packer 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 4-1/2" injection packer (Hudson loc set, nickel-plated) set @ 4371'. 10-06-03 Perforations 4507'-4762' Original chart w/copy attached. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist SIGNATURE. _DATE Type or print name Laura Skinner Telephone No (This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANANDA TITLE

Conditions of approval, if an

