

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-26789
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

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>	8. Well No. 145
2. Name of Operator Chevron U.S.A. Inc.	9. Pool name or Wildcat Vacuum Grayburg San Andres
3. Address of Operator 15 Smith Road - Midland, Texas 79705	
4. Well Location Unit Letter <u>N</u> : <u>1310</u> feet from the <u>South</u> line and <u>2475</u> feet from the <u>West</u> line Section <u>31</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>Lea</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3977' GR	

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

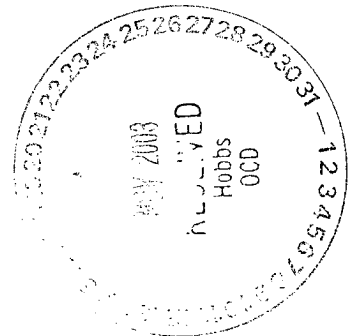
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: Put well on CO2 injection ☒

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.

10-03-03 Began CO2 injection. October volume: 1795 MCFPD @ 1627 psi



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

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 11-17-03

Type or print name Laura Skinner Telephone No. 432-687-7355

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 19 2003
Conditions of approval, if any: