Submit 3 Copies To Appropriate District Office	State of Nev Energy Minerals and 1			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		WELL API NO. 30–025–32810 5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE x FEE		
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1306		
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 Gas Well Other Injection			7. Lease Name or Unit Agreement Name: Central Vacuum Unit		
2. Name of Operator			8. Well No.		
Chevron U.S.A. Inc. 3. Address of Operator			9. Pool name or Wildcat		
15 Smith Road - Midland, Texas 79705 4. Well Location			Vacuum Grayburg San Andres		
Unit LetterB	10feet from the	North line and	1930 feet from	n the East line	
Section 6	Township 185		NMPM	County Lea	
	10. Elevation (Show whe	3973' GR	PIC.)		
11. Check A NOTICE OF INTE PERFORM REMEDIAL WORK	ppropriate Box to Indi NTION TO: PLUG AND ABANDON		BSEQUENT REF		
	CHANGE PLANS			PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ABANDONMENT	
OTHER:		OTHER: Put well	L on CO2 injection		X
 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. 					
10-04-03 Began CO2 injec	tion. October volume	: 127 MCFPD @ 1716 p	si		
			225	A2526272829	
			10 10 20 21 2)	hull 2003 hull 2003 hobbs occ	
				C.C.S.S.	
I hereby certify that the information above i	s true and complete to the be	est of my knowledge and beli	ef.		
SIGNATURE Fuisaski	nner	TITLE Regulatory Spe	cialist [DATE <u>11-17-03</u>	
Type or print name Laura Skinner			Telepho	ne No. 432-687-7355	
(This space for State use) APPROVED BY Long W, Conditions of approval, if any	Wink ac FIEL	d Representative #/\$ TITLE		NOV 1 9 2003	
Conditions of approval, if any.					

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