Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
Energy, Minerals and Natural Resources 625 N French Dr., Hobbs, NM 8 PECEIVED		WELL API NO.	June 19, 2008	
District II			30-025-20673	′
District II 1301 W Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 Capta Fa. NIM 87505			5. Indicate Type o	
1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE D	
District IV 1220 S St Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas	Lease No.
87505				(
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			7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	8
2. Name of Operator			9. OGRID Numbe	r 4323
CHEVRON U.S.A. INC.			•	
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat VACUUM GLORIETA	
4. Well Location				
Unit Letter O: 510 feet from the SO	UTH line and 1980 fee			
Section 24 Township 17-S Range 34-E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE COMMINGLE OTHER: TA WITH CHART				
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. 2-02-09: NOTIFY NMOCD. TEST CSG TO 520 PSI FOR 30 MINUTES. CIBP SET @ 5918. (ORIGINAL CHART & COPY OF CHART ATTACHED).				
WELL IS TEMPORARILY ABANDONED. This Approval of Temporary Abandonment Expires 3-6-2014				
	Abandonn	nent Expires.	3-6-20	<u>)</u> /
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Spud Date:	Rig Release Date	: :		
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I hereby certify that the information above is true a			•	
SIGNATURE / MSU FUNCE TITLE REGULATORY SPECIALIST DATE 02-23-2009 Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375				
For State Use				
TO ALL // M DISTRICT 1.8UPERVISOR MAR 0.9.2009				
APPROVED BY: Conditions of Approval (if any):	TITLE DISTR		DA1	. E

