

Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr, Hobbs, NM 88240
 District II
 1301 W Grand Ave, Artesia, NM 88211
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

RECEIVED
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
MAR 04 2009
HOBBSOCD

WELL API NO. 30-025-25708	/
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	/
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	/
8. Well Number 81	/
9. OGRID Number 4323	/
10. Pool name or Wildcat VACUUM GRAYBURG S/A	

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

2. Name of Operator
CHEVRON U.S.A. INC. /

3. Address of Operator
15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location
 Unit Letter L: 1332 feet from the SOUTH line and 1310 feet from the WEST line
 Section 36 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER:		OTHER: REPAIR & RETEST MIT 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.
 2-11-09: NOTIFY NMOCD. TEST CSG TO 560 PSI FOR 30 MINUTES. SET PKR @ 4264. (ORIGINAL CHART & COPY OF CHART ATTACHED).

Spud Date: Rig Release Date:

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 02-23-09
 Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375
For State Use Only
 APPROVED BY: Tommy W. Hill TITLE **DISTRICT 1 SUPERVISOR** DATE **MAR 09 2009**
 Conditions of Approval (if any):

