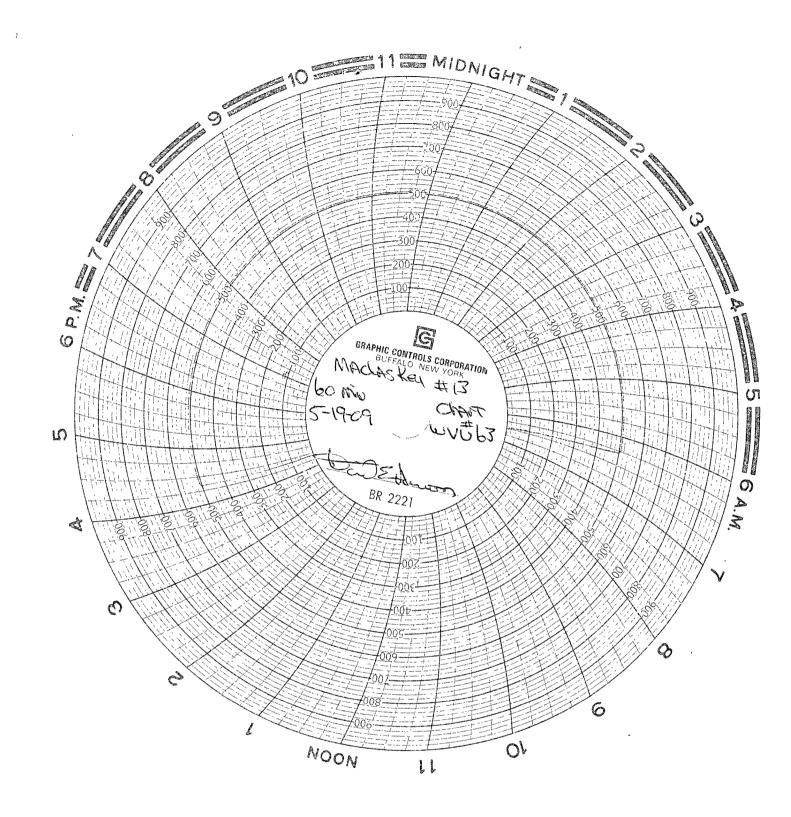
Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240		WELL API NO. June 19, 2008
District II 1301 W Grand Ave, Artesia, INECEIVED CONSERVATION DIVISION		30-025-33767 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd , Aztec, NM 87410 District IV		STATE S FEE S
District IV 1220 S St Francis Dr, Santa Fe, WBBSO(109 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 FUDDOU	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)		WEST VACUUM UNIT
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 63
2. Name of Operator CHEVRON U.S.A. INC.		9. OGRID Number 4323
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS	79705	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location		
Unit Letter G: 2250 feet from the NORTH line and 2250 feet from the EAST line Section 34 Township 17-S Range 34-E NMPM County LEA		
•	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 REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING ☐ MUI DOWNHOLE COMMINGLE ☐	LTIPLE COMPL	IT JOB \square
	EXTENSION OF	TA STATUS
OTHER: 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.		
5-19-09: TEST CSG TO 500 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).		
WELL IS TEMPORARILY ABANDONED.		
Spud Date:	Rig Release Date: This Appro Abandonm	val of Temporary ent Expires
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE // VINUSE FAM	KINOTITLE REGULATORY SPE	ECIALIST DATE 05-21-09
Type or print name DENISE PINKERTON For State Use Only	N E-mail address: <u>leakejd@chevron.c</u>	
APPROVED BY: Amy W. Are Conditions of Approval (if my):	TITLE DISTRICT 1 SUPE	RVISOR DATE MAY 28 2009
¥		



· 30-025-33767 G-34 17534E 2250 N 2250 E VBAN-YA 0: C State