

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

SEP 14 2009

HOBBSOCD

## CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-26786

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
CENTRAL VACUUM UNIT

8. Well Number 142

9. OGRID Number 4323

10. Pool name or Wildcat  
VACUUM GRAYBURG SAN ANDRES

## 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 I: 1680 feet from the SOUTH line and 330 feet from the EAST line

Section 6 Township 18-S Range 35-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 ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER: RUN MIT

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.

9-02-09: DISCONNECTED THE INJECTION LINE &amp; PERFORMED TA TESTS WITH INJECTION EQUIPMENT IN THE HOLE. TEST TO 550 PSI FOR 30 MINUTES. (ORIGINAL CHART &amp; COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary  
Abandonment Expires 9-14-2014

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 09-11-2009

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

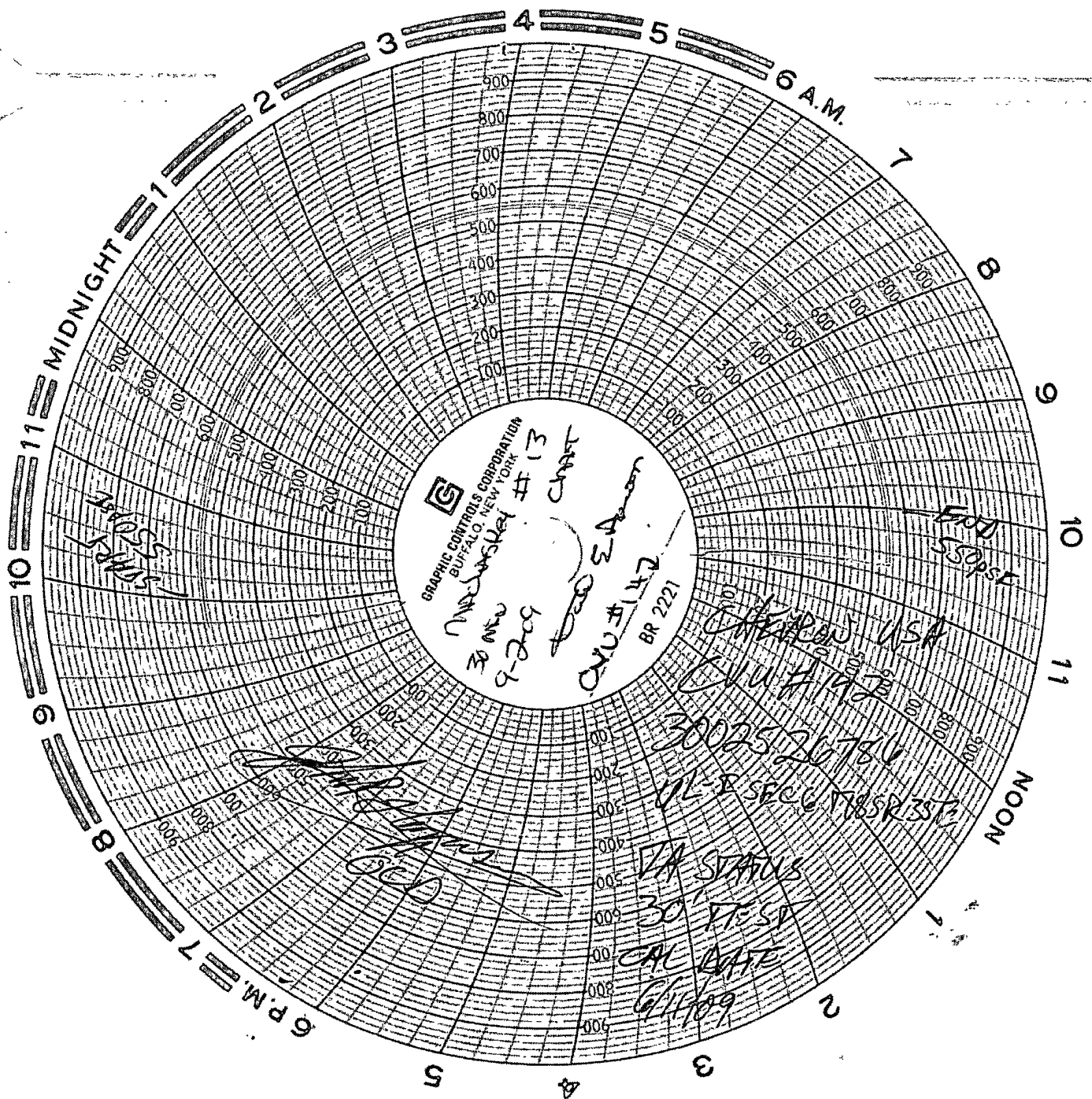
TITLE

DISTRICT 1 SUPERVISOR

DATE

SEP 14 2009

Conditions of Approval (if any):



1680' S  
330' E

Inj  
State