

June 19, 2008

District I

1625 N French Dr., Hobbs, NM 88240

District II

1301 W Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S St Francis Dr., Santa Fe, NM 87505

87505

RECEIVED
MAR 25 2010
HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ✓

30-025-25795

5. Indicate Type of Lease

STATE ☒ FEE ☐ ✓

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL VACUUM UNIT ✓

8. Well Number 31 ✓

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 INJECTOR ✓

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter J: 1330 feet from the SOUTH line and 1330 feet from the EAST line

Section 30 Township 17-S Range 35E 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: ✓ PACKER REPAIR – WITH CHART (test after repair)

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.

03-18-2010: RAN CHART FOR NMOCD. START OF TEST – 400 PSI, FINAL – 360 PSI. FOR 30 MINUTES.
(ORIGINAL CHART & COPY OF CHART ATTACHED).

WITNESSED BY MAXEY BROWN (NMOCD)

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

TITLE

REGULATORY SPECIALIST

DATE 03-23-2010

Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

For State Use Only

APPROVED BY:

TITLE

STAFF MGR

DATE 3-25-10

Conditions of Approval (if any):

