Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District 1 Energ 1625 N. French Dr., Hobbs, NM 88240	y, Minerals and Natural Resource	Revised March 25, 1999 WELL API NO.
District II	CONSERVATION DIVISION	1 00 00 - 00 - 0
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease
District IV	Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. B-3936
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 USA, Inc.		8. Well No.
3. Address of Operator 45 0 111 December 2011		40
Address of Operator Smith Rd. Midland, Tx 79705 Well Location		Pool name or Wildcat Vacuum,Grayburg, San Andres
Unit Letter C : 660 feet from the north line and 1980 feet from the west line		
Section 4	Cownship 18-S Range 34-E	
10. Elev	ation (Show whether DR, RKB, RT,	NMPM County Lea GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION	110:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG ANI	ABANDON REMEDIAL	WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE	PLANS COMMENC	E DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE COMPLET	CASING TE	
OTHER:	OTHER:	
12. 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		
1. Notify OCD 24 hrs prior to MI & RU 2. Set 5 1/2 CIBP @ 4350 spot 25sx p 3. Displace hole w/MLF 9.5# Brine w/ 4. Spot 25sx plug 2700-2500(Yates,B 5. Spot 25sx plug 1600-1400(8 5/8 sh 6. Spot 30sx plug 300-surf(surf)WOC 7. Install dry hole marker	elug 4350-4150(Grayburg,San Ar 25# Gel P/BBL. -salt) WOC Tag. oe,T-salt)WOC Tag. Tag.	JAN 2003 SET THOUSE COLORS LEGY EZY OCD OCD OCD OCD OCD OCD OCD OC
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE J. S. Sudwe	TITLE HES S	oecialist DATE 1/16/2003
Type or print name G.R. Bledsoe (This space for State use)		Telephone No. 915-687-7153
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APPPROVED BY Conditions of approval, if any:	ORIGINAL SIGNED BY	DATE
approval, it uity.	GARY W. WINK OC FIELD REPRESENTATIVE II.	STAFF MANAGER JAN 22 2003