Submit 3 copies	
Submit 3 copies to Appropriate E y, Minerals and Natural Resources Department	Form C-103
DISTRICT	Revised 1-1-
P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT II P.O. Box 2088	30-025-20754
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil / Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	B-1113
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	VACUUM GLORIETA WEST UNIT
1. Type of Well: OIL GAS WELL OTHER	
Name of Operator     CHEVRON USA INC	8. Well No. 117
3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	9. Pool Name or Wildcat
4. Well Location	VACUUM GLORIETA
Unit Letter C: 330 Feet From The NORTH Line and 1571	Foot From The M/EST
	<del></del>
Section 6 Township 18S Range 35E NM	PMLEA_ COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3979'	
11. Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPE	
PULL OR ALTER CASING CASING TEST AND CEMEN	T 10P
OTHER:	DRILL OUT CIBP
<ul> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent da proposed work) SEE RULE 1103.</li> <li>10-09-02: MIRU.</li> <li>10-10-02: REL TAC. TIH W/BIT &amp; DC'S.</li> <li>10-11-02: TIH W/TBG TO 6058'.DRILLED 4' OF FILL ABOVE CIBP @ 6062'. DRILLED ON CIBP 2 1/2</li> <li>10-14-02: TIH W/OPMKA, PERF SUB, SN, &amp; 2 3/8" TBG. TAG @ 6221'. TOH W/PROD TBG TO 1879'.</li> <li>10-15-02: TIH W/PROD TBG, SN @ 6201. TAG @ 5811. 184 JTS 2 3/8" TBG TO 5808. SET TAC W/14 ANCHOR, &amp; RODS.</li> <li>10-16-02: SPACE OUT PUMP. PUT WELL BACK ON PRODUCTION.</li> </ul>	HRS. TIH TO 6252. LD TBG TO 2045'.

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Thereby certify that the information above is true and according to the structure of the st	TITLE Regulation	ory Specialist	
SIGNATURE / / /	IIILE TROGGIA	DATE _	2/25/2003
TYPE OR PRINT NAME	Denise Leake	Telephone No	915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLEORIGINAL SIGNED BY

DATE