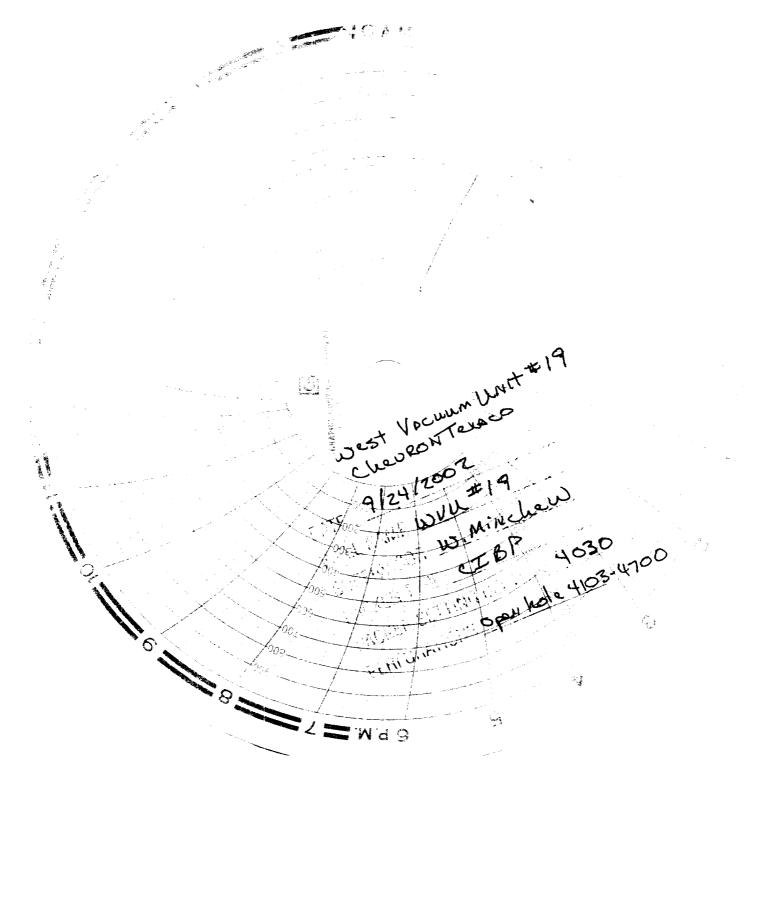
Submit 3 Copies To Appropriate District  State of Now Mexico  Office  Fr. W. Minerals and Netural Programmes	Form C-103
District I Sy, Willierars and Natural Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240  District II  St. South First Actoric NW 87210  OIL CONSERVATION DIVISION	WELL API NO. 30-025-02207
811 Soudi Flist, Artesia, IVM 8/210	5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE
District IV	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	B-871
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7 Lease Name or Unit Agreement Name
PROPOSALS.)  1. Type of Well:	West Vacuum Unit
Oil Well X Gas Well Other  2. Name of Operator	
•	8. Well No.
Chevron U.S.A. Inc. 3. Address of Operator	9. Pool name or Wildcat
15 Smith Road - Midland, Texas 79705	Vacuum Grayburg San Andres
4. Well Location	vacciniii Grayburg San Anares
Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and	1980feet from theline
Section 34 Township 17s Range 34E	NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, G.	
4038' GR	
11. Check Appropriate Box to Indicate Nature of Not	ice, Report, or Other Data
* · · · · · · · · · · · · · · · · · · ·	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WO	
TEMPORARILY ABANDON	RILLING OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING	AND
OTHER: Casin	g Integrity Test for TA Extension X
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 1103. For Multiple Completions: At or recompilation.</li> </ol>	nd give pertinent dates, including estimated date
09-24-02	
<ol> <li>Notified NMOCD. TOH w/production equipment.</li> </ol>	
2. Set CIPB @ 4030'.  3. Circulated hole w/inhibited fluid and tested as per NMOCD guidelines to 540# for 30 minutes; held OK.	
5. Original chart w/copy attached.	
This Approval of Tempora	ary Mindre
Abandonment Expires	19/13/0/
I hereby certify that the information above is true and complete to the best of my knowledge and b	pelief.
La Ch.	
SIGNATURE C) WWW SRIMW TITLE Regulatory S	pecialist DATE 10-03-02
Type or print name Laura Skinner	Tolonhous No
UKU SINA SUMAISANA	1 relephone No. 915-687-7355
(This space for State use ARY W. WINK	( <b>DCT 14 2</b> 002
APPROVED BY OC FIELD REPRESENTATIVE II/STAFF MANAGER	DATE   US1 142002
Conditions of approval if any	

APPROVED BY Conditions of approval, if any:

DET 14 2002



9 24 02 Key Ener, J Samy Castleman WVV #19