Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Res	ources Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II OIL CONSERVATION DIV	ISION 30-025-02212
811 South First, Artesia, NM 87210	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE .
District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	B-1576
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name: SUCH West Vacuum Unit
Oil Well X Gas Well Other	8. Well No.
2. Name of Operator	8. Well No.
Chevron U.S.A. Inc.	9. Pool name or Wildcat
3. Address of Operator 15 Smith Road - Midland, Texas 79705	Vacuum Grayburg San Andres
4. Well Location	
Unit Letter D : 660 feet from the North line and 660 feet from the West line	
Section 34 Township 17s Range	34E NMPM County Lea
10. Elevation (Show whether DR, RK	B, RT, GR, etc.)
4053' KB	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	DIAL WORK 🔀 ALTERING CASING 🗌
TEMPORARILY ABANDON	MENCE DRILLING OPNS. PLUG AND ABANDONMENT
	IG TEST AND
OTHER:	R: Casing Integrity Test for TA Extension
 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 recompilation. 	
08-27-02	
 Notified NMOCD. TOH w/production equipment. Set CIPB @ 4140'. Circulated hole w/inhibited fluid and tested as per NMOCD guidelines to 610# for 30 minutes; held OK. TOH w/tubing. Request "Temporarily Abandon" well status be extended. Original chart w/copy attached. 	
mandenmant Expires 1045/07	
hereby certify that the information above is true and complete to the best of my know	rledge and belief.
SIGNATURE Jaura Skinner TITLE REGI	nlatory Specialist DATE 10-03-02
Type or print name Laura Skinner	Telephone No. 915-687-7355
This space for State use) ORIGINAL SIGNED BY	.*
GARY W. WINK APPROVED BY OC FIELD REPRESENTATIVE IL/STAFFILMINAC	DATE OCT 14 2002

APPROVED BY OC FIELD REPRESENTATIVE II/STAFFIMANACER Conditions of approval, if any:

Form C-103

