Form C-103 State of New Mexico Submit 3 Copies To Appropriate Distric Ainerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-30103 O'L CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE 🔀 FEE Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1565 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Central Vacuum Unit 1. Type of Well: Other Oil Well X Gas Well 8. Well No. 2. Name of Operator 253 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator Vacuum Grayburg San Andres 15 Smith Road - Midland, Texas 79705 4. Well Location feet from the line 675 feet from the North line and Unit Letter **NMPM** County Lea Township 17-s Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4018' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: \mathbf{x} ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND CHANGE PLANS TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE **CEMENT JOB** COMPLETION \mathbf{x} OTHER: Pull sub pump 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 or recompilation. 06-24-02 RU. Bleed casing down and tubing. Pump 80 bbls 10# brine water and pumped 30 bbls 10# brine water on tubing. ND well head and NU BOP. TIH w/2-7/8" tubing to 2165'. 06-25-02 Pumped 60 bbls 10# brine water down casing. TIH w/motor, seals, gas separator, pump and tubing. Bottom of motor @ 4194.5'. Installed QCI the hanger set in well head. NU flow line. Rig down. FINAL REPORT. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist _DATE_ Telephone No. 915-687-7355 Type or print name Laura Skinner ORIGINAL SIGNED BY (This space for State use) AUG 14 2002 PAUL F. KAUTZ TITLE DATE APPROVED BY

Conditions of approval, if any: