Submit 1 Copy To Appropriate District Office District I - (575) 393-6161

## State of New Mexico Minerals and Natural Re

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ced	lukz	18	20	113

1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283	Energy, Milnerals and Nat	urai Resources	WELL API NO.	Revised July 18, 2013			
811 S. First St., Artesia, NM 88210	0, NM 88210 6178 OIL CONSERVATION DIVISION		30-025-23835				
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of I	P35B			
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8		STATE 🔯	FEE			
1220 S. St. Ffailes Dr., Salita Fe, Mill 07505	30.1.3 . 3,		6. State Oil & Gas Lease No.				
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			NORTH VACUUM ABO WEST				
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR							
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other INJ  2. Name of Operator CHEVRON U.S.A.  3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706			8. Well Number				
1. Type of Well: Oil Well	Gas Well  Other  INJ	_600	17				
2. Name of Operator	<b>~</b> P	Bo "	9. OGRID Number				
CHEVRON U.S.A.	HOP	d 5012		4323			
3. Address of Operator	- 1	W ZO	10. Pool name or W	ildcat			
6301 DEAUVILLE BLVD MIDLAN	ND, TX 79706	-WED	VACUUM ABO, NO	RTH			
4. Well Location	from the NORTH line and 554 feet from the NORTH line and 554 feet from the property of the state	CCEL					
Unit Letter H: 1852 feet	from the NORTH line and 554 feet from	nané EAST line		~			
Section 28 Tow	nship 17 S Range 34E	NMPM	County LEA				
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.)					
		·					
	2. Check Appropriate Box to Indicate						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐							
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		COMMENCE DRI		ALTERING CASING L.			
	MULTIPLE COMPL	CASING/CEMENT		AND A			
PULL OR ALTER CASING [	I MOLTIPLE COMPL	CASING/CEIVIENT	10p []				
DOWNHOLE COMMINGLE   OUR OWNER A COMMINGLE   OUR OWNER							
CLOSED-LOOP SYSTEM COTHER:	OTHER: ANNUAL MIT TEST						
OTTIEN.	1	OTTICK. ANIOA	I WITT TEST				
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13. Describe proposed or co	mpleted operations. (Clearly state all	pertinent details, and g	jive pertinent dates, inc	cluding estimated date of			
	ork). SEE RULE 19.15.7.14 NMAC. F	or Multiple Completion	s: Attach wellbore diag	gram of proposed			
completion or recomplet	ion.						
· ·	IAS CONDUCTED THE ANNUAL MIT	IEST ON THE ABOVE	WELL.	•			
CHART ATTACHED.	EST IS EOD I IIC ANNI IAI TESTING**						
**PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING**							
				7			
Spud Date:	Rig Release Dat	e:		i			
<u> </u>							
I hereby certify that the informatio	n above is true and complete to the be	st of my knowledge an	d belief.				
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1 1000			راجار	a			
SIGNATURE: JUNEY	TITLE: RE	GULATORY ASSISTA	NT DATE: 103				
T and a side of the side of th							
Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575							
For State Use Only / /							
APPROVED BY: XMLY Holy	so TITLE Caplonic	Alles	DATE 6-20	15			
Conditions of Approval (if any):							
•							

