Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103	
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources			Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-25997	
District II – (575) 748-1283 HOB3S OCCOIL CONSERVATION DIVISION			5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.			STATE FEE	
1000 Rio Brazos Rd., Aztec, NM,874 ¹⁰ 2 3 2013 Santa Fe, NM 87505		6. State Oil & Gas Lease No		
1220 S. St. Francis Dr., Santa Fe, NM			,	
87505 SUNDRY NOTIGES AND REPORTS ON WELLS			7. Lease Name or Unit Agre	ement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			CENTRAL VACUUM UNI	T
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		0 W/ U N 1 12/		
1. Type of Well: Oil Well / Gas Well Other INJECTOR			8. Well Number 136	
2. Name of Operator			9. OGRID Number 4323	
CHEVRON U.S.A INC.		10. Pool name or Wildcat		
15 SMITH ROAD, MIDLAND, TEXAS 79705			VACUUM G/B SAN ANDRES	
4. Well Location				
Unit LetterE:_		RTH line and	40 feet from the WE	ST line
Section 6 Township 18-S Range 35-E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3,979' (GL)			
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON CHANGE PLANS			-	
PULL OR ALTER CASING				
		071155		_
OTHER: PREP FOR CO2 INJ, CO & STIMULATE Image: OTHER: Content data 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
THIS WELL IS GOING TO BE PUT ON CO2 INJ. WILL BE RIGGED UP ON THE WELL TO CLEAN OUT THE WELL,				
ACIDIZE, REPLACE THE INJECTION EQUIPMENT, AND RTI.				
		_		
Spud Date:	Rig Release Da	ate:		
		L		
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	e and belief.	
SIGNATURE MULERON TITLE TOGULATORY SPICIALIST DATE 10/21/2013				
Type or print name Den 150 PINKerton E-mail address: Unkid & Chev Row. Com PHONE: 432-681-1375				
For State Use Only				
APPROVED BY: TITLE DIST. MAR DATE 10-24-1013				
Conditions of Approval (if any)				
/			OCT 2 4 2013	l l