Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office <u>District 1</u> – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 HOBBS OCD OIL CONSERVATION DIVISION	WELL API NO. 30-025-26792
811 S. First St., Artesia, NM 88210	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NMPZB0 0 7 2014 District IV (505) 476 2460 Santa Fe, NM 87505	STATE FEE
<u>Distillet IV</u> $= (505) 470-5400$	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NEGREES 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: Oil Well Gas Well Other INJECTION	
2. Name of Operator CHEVRON U.S.A. INC.	9. OGRID Number 4323
3. Address of Operator15 SMITH ROAD, MIDLAND, TEXAS 79705	10. Pool name or Wildcat VACUUM; GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter: P 1310 feet from SOUTH line and 50 feet from the EAST line	
Section 30 Township 17S Range 35E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	.) -
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILLING OPNS. 🗍 P AND A 🗌	
PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🔲 CASING/CEMENT JOB 🗌	
CLOSED-LOOP SYSTEM OTHER: LETTER OF VIOLATION OTHER:	
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.	
CHEVRON U.S.A. INC. HAS RECEIVED A LETTER OF VIOLATION DATED 01/16/2014.	
THE SUBJECT WELL IS OVER THE INJECTION LIMIT. CHEVRON ACKNOWLEDGES RECEIPT OF THIS VIOLATION AND	
IS WORKING TO BRING THIS WELL BACK INTO COMPLIANCE BEFORE THE DEADLINE.	
· []	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Rear near 1 1/4 Par 5.	
SIGNATURE / WILLE WILL THE REGULATORY SPECI	ALIST DATE 02/06/2014
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevr</u>	on.com PHONE: 432-687-7375
For State Use Only	<u>oncom</u> 111011L. 432-007-7575
APPROVED BY: Bill Sanamach TITLE Staff Manager DATE 21014	
Conditions of Approval (if any):	

Accepted for Record Only