Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161  Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-32800
District III = (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM  FEB 07 2014 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAUS FO 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	8. Well Number 193
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A. INC.	
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUUM; GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter: D 101 feet from NORTH line and 534 feet from the WEST	line
Section 6 Township 18S Range 35E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, et	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   CASING/CEMENT JOB   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 knowled	ge and belief.
Line (c)	
SIGNATURE WHEN THE REGULATORY SPEC	IALIST DATE 02/06/2014
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chev</u>	ron.com PHONE: 432-687-7375
APPROVED BY: Bill Somanah TITLE Staff Manage	DATE 2/0/14
Conditions of Approval (if any):	

**Accepted for Record Only**