Submit I Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013 WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	3002579660 30.035.279660 5. Indicate Type of Lease STATE STATE 6. State Oil & Gas Lease No. B-2076	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	ES AND REPORTS ON WELLS als to drill or to deepen or plug back to a tion for permit" (form C-101) for such	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	
PROPOSALS.) 1. Type of Well: Oil Well 🔲 C	as Well X Other Injector HOBBS OCD	8. Well Number 156	
2. Name of Operator CHEVRON U.S.A. INC	JUN 2 0 2014	9. OGRID Number	
 Address of Operator SMITH ROAD MIDLAND, TX 	79705 RECEIVED	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location Unit Letter_ K_:_ 2340 _fee	et from the _SOUTH _ line and _1330 _feet from the	_WEST _line	
Section 25 To	wnship 17-S Range 34-E M 11. Elevation (Show whether DR, RKB, RT, GR, etc. 4005' GR	VMPM County LEA	
12. Check Aj	opropriate Box to Indicate Nature of Notice,	Report or Other Data	
		SEQUENT REPORT OF	

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING 🔲	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT JOB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM]		OTHER: ANNUAL MIT TEST		
UINER.			OTHER. ANNOAL MIT TEST		

 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 CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL. CHART ATTACHED.

****PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING****

Spud Date:

Rig Release Date:

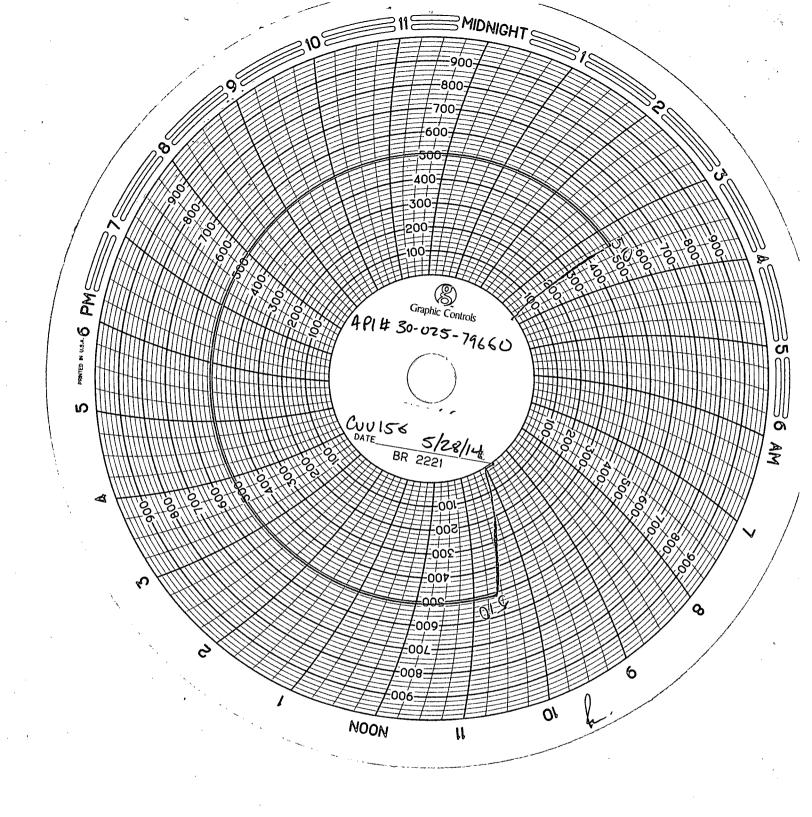
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE A R Guman TITLE REGULATORY ASSISTA	ANT_DATE 18 June 2	<u>,014</u>
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Type or print name: Adriann Garcia

E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617

For State Use Only	a ()			
APPROVED BY:	Bill Lenamak	 Stuff Manage	DATE 6/24/	2014
Conditions of Approv				
			JUN 26 2014	h



0.5.28.14 CAEVEDN C.V.U # 156 Lobo Trocking #14