

Submit Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 3002527965
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FE77E <input type="checkbox"/>
6. State Oil & Gas Lease No. B 1030-1
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well Number 155
9. OGRID Number
10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator  
CHEVRON U.S.A.

3. Address of Operator  
15 SMITH ROAD MIDLAND, TX 79705

4. Well Location

Unit Letter, I, 2580 feet from the S line and 1310 feet from the E line

Section 25 Township 17 S Range 34 E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3987 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ANNUAL MIT TEST

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 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. Garcia

TITLE: REGULATORY ASSISTANT

DATE: 7/17/15

Type or print name: Adriann Garcia

E-mail address: Adriann.Garcia@chevron.com

PHONE: 432-687-7617

For State Use Only:

APPROVED BY:

Bill Benavente

TITLE

Staff Manager

DATE

7/14/2015

Conditions of Approval (if any):

JUL 31 2015

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