State of New Mexico 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 District IV - (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			Form C-103		
			Revised July 18, 2013 WELL API NO.		-
			30-025-32271 5. Indicate Type of Lease		
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE S FEE		V
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM E			6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name	e 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.)					-
1. Type of Well: Oil Well Gas Well Other			8. Well Number 34		
2. Name of Operator CHEVRON U.S.A. INC.			9. OGRID Number 4323		
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat VACUUM; YATES		V
4. Well Location					
Unit Letter: P 380 feet from	SOUTH line and 330 feet	from the EAST 1	ine	1. 16	L
Section 36	Township 17S	Range 34E	NMPM	County LEA	
	Elevation (Show whether DR 6' GL	, RKB, RT, GR, etc.)		
370	U OL		600		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: REQUEST TA EXTENSION OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.			ILLING OPNS. T JOB	P AND A dates, including estimated date	
CHEVRON IS REQUESTING A 2 YEAR TA EXTENSION FOR THE SUBJECT WELL. MAXEY BROWN, NMOCD, IS REQUESTING THIS INTENT AND HAS AGREED TO A 2 YR EXTENSION. UPON APPROVAL, A MIT CHART WILL BE RUN AND SUBMITTED.					
Spud Date:	Rig Release Da	ate:			
I hereby certify that the information above	is true and complete to the b	est of my knowleds	ge and belief.		
SIGNATURE POR TRANS	Ston Title REGI	ULATORY SPECI	ALIST	DATE 04/18/2016	
Type or print name. DENISE PINKERTO For State Use Only APPROVED BY: Conditions of Approval (if aky):	E-mail addres	s: leakejd@chevro	en.com P	HONE: 432-687-7375	0
V	Condition				

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart