District 1 - (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.	
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178			3002525794 5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec. NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505		STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			B 1722 7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROF		R PLUG BACK TO	Central Vacuum Unit	
A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number	
1. Type of Well: Oil Well	Gas Well D Other A injection		29 🖌	
2. Name of Operator		JBBS UUL	9. OGRID Number	
CHEVRON U.S.A. 🗸	,	DD a P 2010	4323	
3. Address of Operator		VPR 27 2016	10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 79705		ECENTED	VACUUM GRAYBURG SAN ANDRES	
4. Well Location		ECEIVED	/	
Section 30 -	feet from the _S_ line and _1238_ fe Township 17 S	Range 35		
	11. Elevation (Show whether DR, R	KB, RT, GR. etc.)		
3990 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING POPARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A			
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT JOB			
		construction of content of conten		
CLOSED-LOOP SYSTEM				
OTHER:		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.				
completion of recompletion.				
CHEVRON U.S.A. INC HAS CONDUCTED A MIT TEST ON THE ABOVE WELL. THIS WELL FAILED A BRADENHEAD TEST ON				
FEBRUARY 26, 2016. WE HAVE NOT YET RECEIVED A COMPLIANCE LETTER. CHART ATTACHED.				
PLEASE NOTE THIS TEST I	S FOR UIC ANNUAL TESTING			
Spud Date:				
in the second			the second s	
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	e and belief.	
			103	
SIGNATURE:	TITLE: REGULATO	RY ASSISTANT	DATE:	
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
rype or print name. Auriann Garcia crinait address. Auriann Garcia@Chevron.com Frionic. 452-067-7017				
For_State_Use_Only				
APPROVED BY RAD	ATTER SLEGM	10 GIL DATE	4-29-16	
APPROVED BY: Bill Smand IITLE Stoff Masage DATE 4-29-16 Conditions of Approval (if any):				

