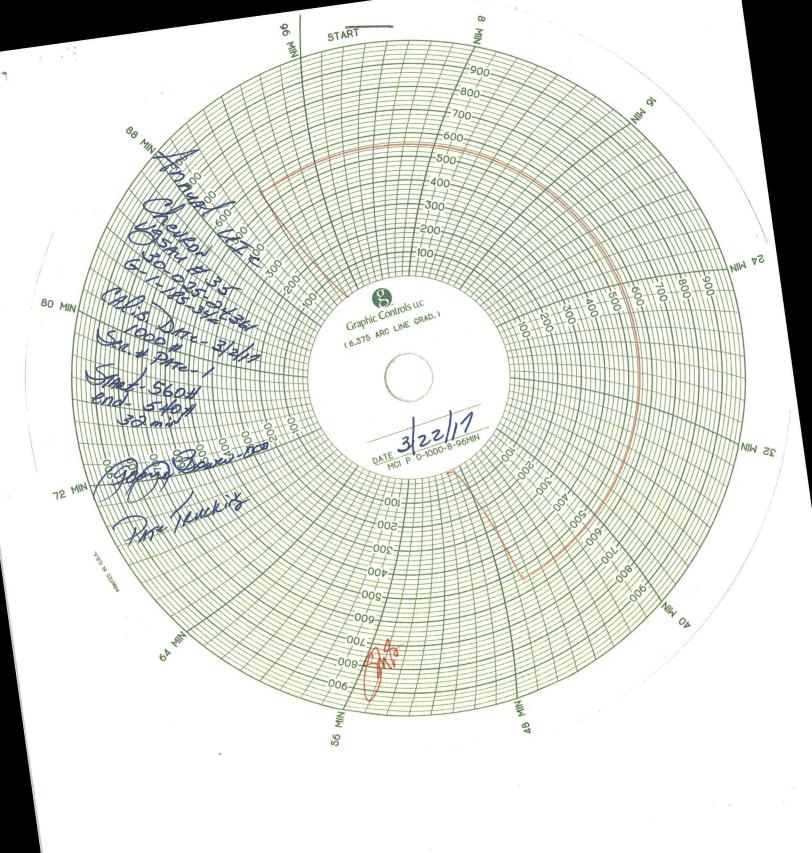
| Sut mit 1 Copy To Appropriate District Office District 1 - (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources District - (575) 748-1283 | Form C-103 Revised July 18, 2013 |
|--|---|
| 811 S. First St., Artesia, NM 88210 APR 0 6 2017 OIL CONSERVATION DIVISION | WELL API NO. 3002524361 |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District_IV - (505) 476-3460 Santa Fe, NM 87505 | 5. Indicate Type of Lease STATE FEE FEE |
| 1220 S. St. Francis Dr., Santa Fe, NM ROS CEIVED | 6. State Oil & Gas Lease No. B-1733-1 |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO | 7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES |
| A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well | 8. Well Number 35 |
| 1. Type of Well: Oil Well Gas Well Other Chevron U.S.A. | 9. OGRID Number 4323 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| 6301 DEAUVILLE BLVD MIDLAND, TX 79706 4. Well Location | VACUUM GRAYBURG SAN ANDRES |
| Unit Letter_G:_2630_feet from the _N_ line and _1330_ feet from the _W_ line Section 1 Township 18S Range 34E NMPM County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JC DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OTHER: | SUBSEQUENT REPORT OF: ALTERING CASING IG OPNS. P AND A DB |
| 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: | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| SIGNATURE: DATE:April 3, 2017 | |
| Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 | |
| APPROVED BY: Some TITLE ompliance of Approval (if any): | |



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