Submit One Copy To Appropriate District Office	State of New Me Energy, Minerals and Natu		Form C-103 Revised November 3, 2011
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		WELL API NO. 30-025-25999
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE   FEE   □
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number
Type of Well: ☐ Oil Well ☐ Gas Well ☐ Other INJECTION     Name of Operator			9. OGRID Number
CHEVRON USA Inc.			4323
3. Address of Operator 6301 Deauville Blvd., Midland, TX 79706			<ol> <li>Pool name or Wildcat</li> <li>Vacuum, Grayburg San Andres</li> </ol>
4. Well Location:			
Unit Letter_P:_10_feet from the <u>SOUTH</u> line and 70_feet from the <u>EAST</u> line Section <u>36</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>LEA</u>			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3896' GL  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			SEQUENT REPORT OF:  C ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	<del>_</del>
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB
OTHER:      Description   Location is ready for OCD inspection after P&A			
<ul> <li>□ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.</li> <li>□ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> </ul>			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR			
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.			
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed			
from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.			
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well			
location, except for utility's distribution infrastructure.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
SIGNATURE Katherine Papageorge TITLE Decommissioning Project Manager DATE 10.16.20			
TYPE OR PRINT NAMEKatherine Papageorge_E-MAIL: _Katherine.Papageorge@chevron.com PHONE:832-854-5291			
For State Use Only			
APPROVED BY: TITLE Compliance Officer A DATE 10/30/20			
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