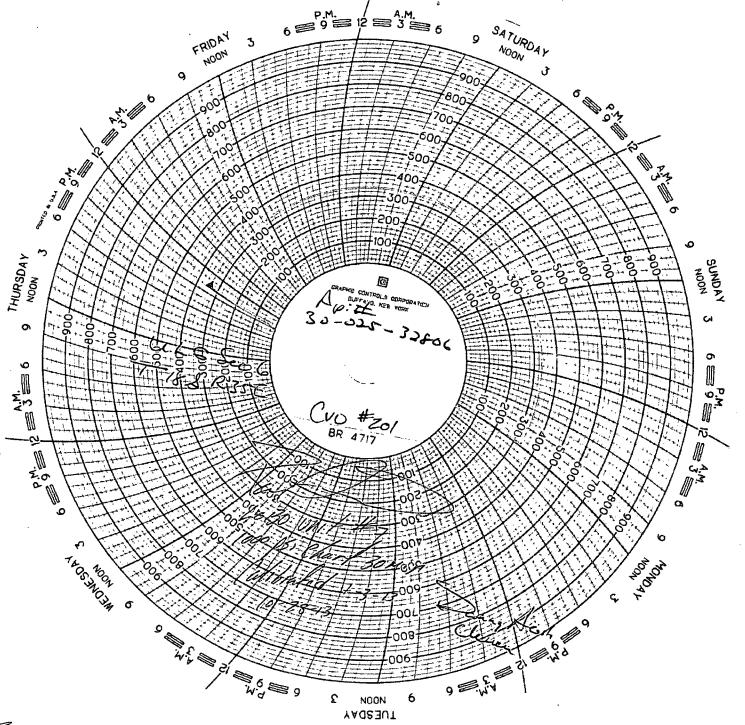
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District P</u> (575) 393-6161 HORBS (Resources Americal Resources	Revised July 18, 2013
1625 N. French Dr. Hobbs NM 99240		, WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION V	30-025-32806
811 S. First St., Artesia, NM 88210 DEC 1 3	113 1220 G. A. St. Carrier D.	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410		STATE 🛛 FEE 🗌
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVE	D	
87505	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	O DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name of Omit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION	FOR PERMIT" (FORM C-101) FOR SUCH	CENTRAL VACUUM UNIT
PROPOSALS.)		8. Well Number 201
1. Type of Well: Oil Well Gas W	/ell Other INI	
2. Name of Operator	<i>\</i>	9. OGRID Number
CHEVRON USA INC		4323
3. Address of Operator		10. Pool name or Wildcat
15 SMITH RD, MIDLAND, TX 79705		VACUUM GRAYBURG SA
4. Well Location		
Unit Letter G: 1360 feet from the NORTH line and 1973 feet from the EAST line		
Section 6 Township	18S Range 35E NMPM	County LEA
	Elevation (Show whether DR, RKB, RT, GR, etc.)	-
11. Elevation (Snow whether Dis, 14th), 14th, 6th, elect		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTEN	TION TO SUB	SEQUENT REPORT OF:
	G AND ABANDON ☐ REMEDIAL WOR	<u> </u>
	INGE PLANS COMMENCE DRI	
	TIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	THE COMME OF CHILETY	
CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	П
	perations. (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.		
ANNUAL MIT CHART		
<u> </u>		
Spud Date:	Rig Release Date:	
	•	
I hereby certify that the information above	is true and complete to the best of my knowledg	e and belief.
A 14		
M = M + M = M		
SIGNATURE und Herrie Murillo TITLE PERMITTING SPECIALIST DATE 12/12/2013		
•		
	<u>MURILLO</u> E-mail address: <u>Cherreramurillo@</u>	vchevron.com_ PHONE: <u>575-263-0431</u>
For State Use Only	_	
APPROVED BV:	TITLE Accepted for Record O	Inly DATE
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE

JAN 1 3 2014



HOZES OCD

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