Submit 1 Copy To Ap	propriate District	Sta	ate of New Me	exico			Form	n C'-103	
Office District I – (575) 393-6161 Energy, Minerals and Natural Resources						Revised July 18, 2013			
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD					WELL API NO.				
District II - (575) 748-1283 OH. CONSERVATION DIVISION					30-025-25997				
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd. Aztec. NM 87411 FEB 0 7 2014 220 South St. Francis Dr.					5. Indicate	• •		,	
Conto Biazos Rd., 7/2/05, 144 07410					STAT				
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM					6. State Oil	& Gas Lease	e No.		
87505 RECEIVED									
SUNDR NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					CENTRAL VACUUM UNIT				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)									
1. Type of Well: Oil Well					8. Well Number 136				
2. Name of Operator						9. OGRID Number 4323			
CHEVRON U.S.A. INC.									
3. Address of Operator					10. Pool name or Wildcat				
15 SMITH ROAD, MIDLAND, TEXAS 79705						VACUUM; GRAYBURG S/A			
4. Well Location						/			
Unit Letter: E 2450 feet from NORTH line and 40 feet from the WEST line									
Section 6 Township 18S Range 35E NMPM County LEA									
11. Elevation (Show whether DR, RKB, RT, GR, etc.)									
11. Elovation (Snow Whether DR, RRB, RT, OR, etc.)									
PERFORM REME TEMPORARILY A PULL OR ALTER DOWNHOLE COM CLOSED-LOOP S OTHER: LE 13. Describe p of starting	OTICE OF IN EDIAL WORK BANDON CASING MMINGLE SYSTEM TTER OF VIOLA Proposed or completion or recompletion or recompletion. LINC. HAS RECIELL IS OVER THE	TENTION TO PLUG AND ABA CHANGE PLAN MULTIPLE COM TION leted operations. (rk). SEE RULE 1 completion. EIVED A LETTER HE INJECTION L	: NDON S MPL Clearly state all 9.15.7.14 NMAG	REMEDIAL WOF COMMENCE DR CASING/CEMEN OTHER: pertinent details, and C. For Multiple Co ON DATED 01/24/ ON ACKNOWLED E BEFORE THE DI	SSEQUENT RK ILLING OPNS. IT JOB Indigive pertiner Indigital Properties Indigital Pr	REPOR ALTEI P AND to dates, included the control of the control	RING CAS D A uding estin e diagram	nated date of	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNATURE	EUSE IN	1 Ley on	_TITLE REG	ULATORY SPECI	ALIST	DATE 0)2/06/2014		
Type or print name For State Use Only		ERTON	E-mail addres	s: <u>leakejd@chevro</u>	on.com	PHONE:	432-687	7-7375	
A DDD OVED DV	Bielson	. 1	7 T	Le	_	DAME	2.10.1	4	
APPROVED BY:_ Conditions of Appr	/	uama"	_HILE 2 /	taf Man	19er	DATE		/	

Accepted for Record Only

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