

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

HOBBS OGD

OIL CONSERVATION DIVISION

MAR 14 2014  
220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-31874 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <i>INT</i>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No.
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705		7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT ✓
4. Well Location Unit Letter: O 310 feet from the SOUTH line and 2630 feet from the EAST line Section 36 Township 17S Range 34E NMPM County LEA		8. Well Number 106
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323 ✓
		10. Pool name or Wildcat VACUUM; GLORIETA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: TO CORRECT BRADENHEAD REPORT

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.

PLEASE FIND ATTACHED, A CORRECTED BRADENHEAD TEST REPORT FOR THE SUBJECT WELL. THE PREVIOUS REPORT THAT WAS SUBMITTED WAS INCORRECT, AND THIS REPORT IS TO CORRECT THE VIOLATION.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Denise Pinkerton*

TITLE: REGULATORY SPECIALIST

DATE: 03/13/2014

Type or print name: DENISE PINKERTON

E-mail address: [leakejd@chevron.com](mailto:leakejd@chevron.com)

PHONE: 432-687-7375

**For State Use Only**

APPROVED BY:

Conditions of Approval (if any):

Accepted for Record Only  
MSB 3/18/2014

DATE

MAR 19 2014