| Submit I Copy To Appropriate District<br>Office<br>District I – (575) 393-6161  | State of New Mexico Energy, Minerals and Natural Resources  |   | Form C-103<br>Revised July 18, 2013   |   |
|---|---|---|---------------------------------------|---|
| 1625 N. French Dr., Hobbs, NM 88240   |   | WELL API NO.  |                                       |   |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION   |   | 3002525815                            |   |
| <u>District III</u> – (505) 334-6178  | 1220 South St. Francis Dr.  |   | 5. Indicate Type of Lease  STATE  FEE |   |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> = (505) 476-3460   | Santa Fe, NM 87   | 7505  | 6. State Oil & Gas Lease No.          |   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |   | B-1056                                |   |
| SUNDRY NOT  | ICES AND REPORTS ON WELLS   |   | 7. Lease Name or Unit Agreement Name  |   |
| (DO NOT USE THIS FORM FOR PROPO   | OSALS TO DRILL OR TO DEEPEN OR <b>HI</b><br>CATION FOR PERMIT" (FORM C-101) FO  | <b>OBBS ® OD</b> A  | CENTRAL VACUUM UNIT                   |   |
| PROPOSALS.)  1. Type of Well: Oil Well  |   | 2 4 2014  | 8. Well Number 27                     |   |
| 2. Name of Operator   | Sas Well 12 Other Injector  | 11 44 2014  | 9. OGRID Number                       |   |
| CHEVRON U.S.A.  |   | H323  |                                       |   |
| 3. Address of Operator  |   | RECEIVED  | 10_Pool name or Wildcat VACUUM        |   |
| 15 SMITH ROAD MIDLAND, TX 7   | 9705  | _   | GRAYBURG SAN ANDRES                   |   |
| 4. Well Location  |   |   |                                       |   |
| Unit Letter_ J_:_1330 _fc   | eet from the _SOUTH _ line and _14  | 125 _feet from the _  | _EAST _line                           |   |
| Section 25  | Township 17S Range  | 34E NN  | MPM County LEA                        |   |
|   | 11. Elevation (Show whether DR  | , RKB, RT, GR, etc.   |                                       |   |
|   | 3990 GR   |   |                                       |   |
| NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:  13. Describe proposed or compost starting any proposed we proposed completion or re- | CHANGE PLANS  MULTIPLE COMPL  Deleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMAGE of the completion. | SUB REMEDIAL WOR COMMENCE DRI CASING/CEMENT OTHER: ANNUA pertinent details, and C. For Multiple Con | BSEQUENT REPORT OF:  RK               |   |
| CHART ATTACHED  |   | INUAL TESTIN  |                                       |   |
| I hereby certify that the information   | above is true and complete to the b   | est of my knowledg  | ge and belief.                        |   |
| •   | •   |   |                                       |   |
| SIGNATURE:  | - Gural TITL  | E: REGULATORY   | <b>ASSISTANT</b> DATE:7/23/2014       | ~ |
| Type or print name: Adriann Gar   | cia E-mail address: Adriann.Ga  | arcia@chevron.co  | om PHONE: <b>432-687-7617</b>         |   |
| For State Use Only  |   |   |                                       |   |
|   | , 5   |   | - 1 ·                                 |   |
| APPROVED BY: Jelson   | amah TITLE S  | talf Wanaq  | DATE 7/24/2014                        |   |
| Conditions of Approval (if any):  |   |   | His 6 0 901A                          |   |

JUL 28 2014

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