Submit 1 Copy To Appropriate District	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013		
<u>District II</u> - (575) 393-6161 1625 N. Franch Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			3002525793	
1000 Rio Brazos Rd., Aziec, NM 87410 District IV - (505) 476-3460			5. Indicate	e Type of Lease E 🛛 FEE 🗌	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
SUNDRY 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT		
PROPOSALS.)	sas Well X Other Injector		8. Well Nui	mber 16	
<ol><li>Name of Operator CHEVRON U.S.A.</li></ol>		UN 2 6 2015	9. OGRID I	Number 4323	
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 7970	_		1	ame or Wildcat GRAYBURG SAN ANDRES	
4. Well Location		RECEIVED			
Unit Letter _g _:_ 2630 _fe	eet from the $_N_$ line and $_1330_$	feet from the $\_E$	_ line		
Section 30 Township 17 S Range 35-E NMPM County LEA					
	11. Elevation <i>(Show whether D</i> 3980'		·c.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON					
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL  CASING/CEMENT JOB				
CLOSED-LOOP SYSTEM					
OTHER:		OTHER: ANNUAL MIT TEST			
		<u> </u>	·		
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.					
CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.					
CHART ATTACHED.  **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING**					
<u></u>			·····		
Spud Date:	Rig Release !	Date:			
		<u> </u>			
I hereby certify that the informatio	n above is true and complete to	o the best of my l	knowledge ar	ıd belief.	
	,				
SIGNATURE:TITLE; <b>REGULATORY ASSISTANT</b> DATE:					
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617					
For State Use Only					
	a ad title C.1	$\sim \sim$	DATE	7.2-15	
APPROVED BY: Bell Somewhat TITLE Staff Manage DATE 7-2-15					

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