

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 3002525801
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 1306-1
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well Number 120
9. OGRID Number
10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector ☐ **HOBBS OCD**

2. Name of Operator
CHEVRON U.S.A. **JUN 26 2015**

3. Address of Operator
15 SMITH ROAD MIDLAND, TX 79705 **RECEIVED**

4. Well Location
Unit Letter_ D _ : 60 _ feet from the _ N _ line and _ 1100 _ feet from the _ W _ line
Section 7 Township 18 S Range 35 E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3973 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: ANNUAL MIT TEST	

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****

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: Adriann Garcia TITLE: **REGULATORY ASSISTANT** DATE: June 17, 2015

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: Bill Lamm TITLE: Staff Manager DATE: 7/2/2015
Conditions of Approval (if any):

JUL 16 2015

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