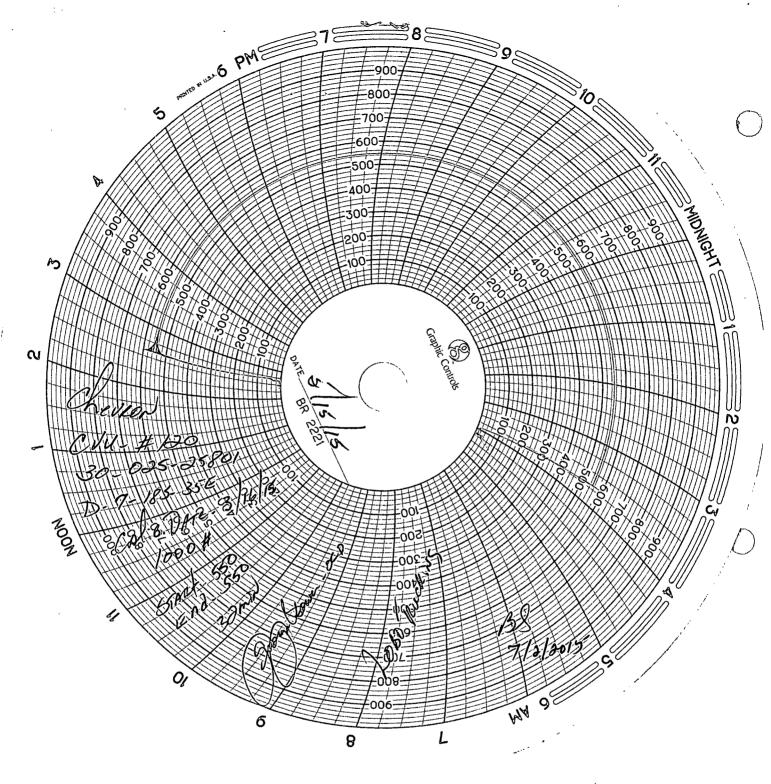
Submit 1 Copy To Appropriate District	State of <u>New N</u>		Form C-103
District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Na	tural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210			3002525801
District III - (505) 334-6178 1000 Rio Brozos Rd., Azlec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease
District IV - (505) 476-3460	· "Santą Fe, NM 8	37505	STATE FEE
			6. State Oil & Gas Lease No. B 1306-1
(DO NOT USE THIS FORM FOR PROPOSAL	es and reports on wells S to drill or to deepen or p	LUG BACK TO A	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR. USE "APPLICATION	N FOR PERMIT" (FORM C-101) FO		8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well 🔲 Gas	Well X Other Injector	HOBBS OCD	120
2. Name of Operator		11 14 0 0 0027	9. OGRID Number
CHEVRON U.S.A.		JUN 2 6 2015	
 Address of Operator SMITH ROAD MIDLAND, TX 79705 		RECEIVED	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter_ D _:_60 _feet fro	m the _N_ line and _1100 _f	eet from the _W_ lin	ie /
Section 7 Town		35 E NMP	· · · · · · · · · · · · · · · · · · ·
	1. Elevation <i>(Show whether</i> 3973 GR	DR, RKB, RT, GR, etc	
12 Check A	ppropriate Box to Indicate	Nature of Notice R	eport or Other Data
		I	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK 🖸 PLUG AND ABANDON 🔲 REMEDIAL WOR			SUBSEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
CLOSED-LOOP SYSTEM		OTHER: ANNUA	I MIT TEST
OTTER.		CITER. ANNOA	
	ny proposed work). SEE RUL		etails, and give pertinent dates, including For Multiple Completions: Attach wellbore
CHEVRON U.S.A. INC HAS CO			WE11
CHART ATTACHED.		TEST ON THE ABOVE	WELL.
PLEASE NOTE THIS TEST IS FC	OR UIC ANNUAL TESTING		
			<u> </u>
Spud Date:	Rig Release	e Date:	
		L	
I hereby certify that the information of	above is true and complete	to the best of my k	nowledge and belief.
SIGNATURE: Afgard	TITLE: REG	ULATORY ASSISTANT	DATE: June 17, 2015
Type or print name: Adriann Garcia			
For State Use Only			
APPROVED BY:	much TITLE St.f.	E Mu Jacor	DATE 7/2/2015
Conditions of Approval (if any):			O/ \\`\```
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