Submit 1 Copy To Appropriate District Office	State of New M		Form C-103
<u>District !</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and No	tural Resources	Revised July 18, 2013
District II - (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO 30025257960000 -
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	. Santa Fe, NM 8	87505	STATE STATE
1220 S. St. Francis Dr., Santa Fe, NM 87505	, ,		6. State Oil & Gas Lease No. B 113-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR. USE "APPLICATIO PROPOSALS.) 1. Type of Well: Oil Well	N FOR PERMII" (FORM C-101) FO S Well X Other Injector	HOBBS OCD	8. Well Number
Name of Operator	vveir A Offier Injector		9. OGRID Number
CHEVRON U.S.A.	<i></i>	JUN 1 9 2015	7. OOKID Namber
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 79705		RECEIVED	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter_ E _:_2520 _feet t	rom the $_N$ _ line and $_1040$	_feet from the _W_	line
Section 6 Towr	ship 18 S Range	35 E NMP	M County LEA /
	1. Elevation <i>(Show whether 3972</i> GR	DR, RKB, RT, GR, et	c.)
12. Check A	Appropriate Box to Indicate	Nature of Notice, R	eport or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING N	MULTIPLE COMPL	CASING/CEMEN	<u> </u>
DOWNHOLE COMMINGLE 🔲			
CLOSED-LOOP SYSTEM			
OTHER:		OTHER: ANNUA	L MIT TEST
			
	ny proposed work). SEE RUL		etails, and give pertinent dates, including For Multiple Completions: Attach wellbore
CHEVRON U.S.A. INC HAS CO	MIDIICTED THE ANNIHAL MIT	TEST ON THE AROVE	WELL
CHART ATTACHED.	MOUCIED THE ANNUAL WIT	1ESI ON THE ABOVE	: WELL.
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING			
		,	
Spud Date:	. Rig Release	e Date:	
I hereby certify that the information	above is true and complete	to the best of my k	nowledge and belief.
	•		
SIGNATURE: A. Guck	TITLE: REG	ULATORY ASSISTANT	DATE: 14 June 2015
Type or print name: Adriann Garcia	E-mail address: Adriann.C	Sarcia@chevron.co	m PHONE: 432-687-7617
For State Use Only			
APPROVED BY: Bil Someman TITLE Staff Manager DATE 7/1/2015			
Conditions of Approval (if any):			
•			

JUL 2 3 2015

