	Submit 1 Copy To Appropriate District	District State of New Mexico Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103			
	Office <u>District I</u> - (575) 393-6161 -			VEL 45110	Revised July 1	<u>8, 2013</u>	
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> (575) 748-1283			WELL API NO.	00501000		
	811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178				3002531839		
	1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460			5. Indicate Type of Lease STATE  FEE			
	1220 S. St. Francis Dr., Santa Fe, NM 87505		•	6. State Oil & C			
					B 1556		
	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 SOCIETY OF SOCIET			·	7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT		
i	PROPOSALS.)  1. Type of Well: Oil Well G	A - JOIE	8. Well Numbe	er 68			
	2. Name of Operator		AUG 0 7 2013	9, OGRID Num			
	CHEVRON U.S.A.				4323		
	<ol> <li>Address of Operator</li> <li>SMITH ROAD MIDLAND, TX 7970</li> </ol>		RECEIVED	10. Pool name VAÇUUM GLC			
	4. Well Location						
	Unit Letter_H _:_1728_feet from the _N_ line and _351_ feet from the _E_ line						
		rnship 17 S Range			A		
		11. Elevation (Show wheth					
		GR 3989'				<u></u>	
	NOTICE OF INT PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM  OTHER:	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WOI COMMENCE D CASING/CEME	SUBSEQUENT REF RK DRILLING OPNS. DESILLING OPNS. DESILLING OPNS. DESILLING OPNS. DESILLING OPNS. DESILLING OPNS. DESILLING OPNS.	Port of: Altering Casin P and A		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent date estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: A 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 Relea	ase Date:				
	I hereby certify that the information	n above is true and comple	ete to the best of my	knowledge and b	elief.		
		TITLE: RE			)		
	Type or print name: Adriann Garcia	a E-mail address: <b>Adrian</b> i	n.Garcia@chevron.co	om PHONE: <b>432</b> -	68/-7617		
	For State Use Only	,	CC a	2.4			
	APPROVED BY: / Suppose Approval (if any):	and TITLE St	utt Manage	DATE 8/	78/ aus -		

