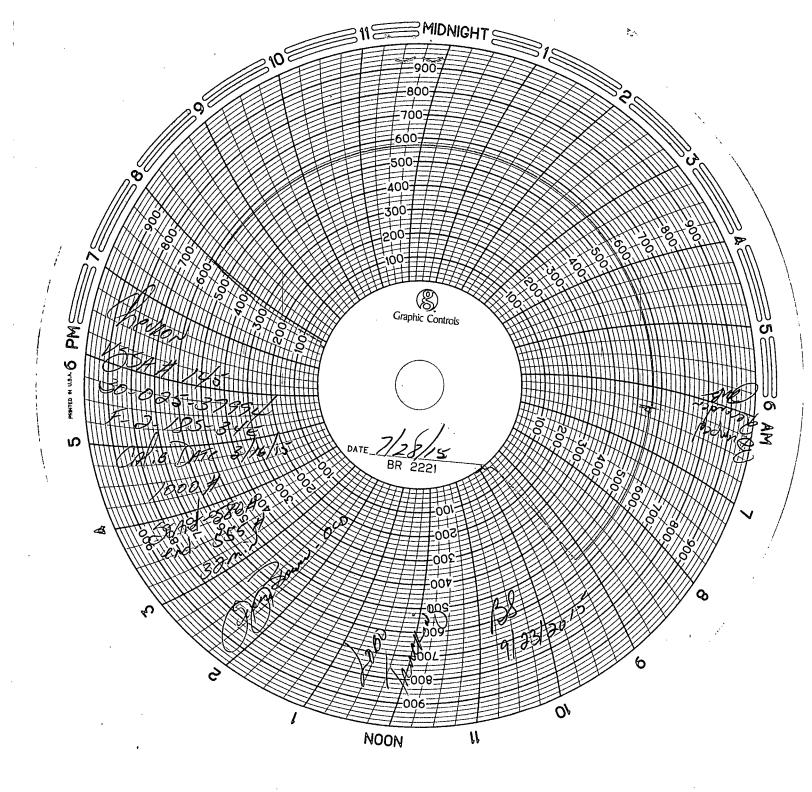
Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
District I ~ (575) 393-6161	Energy, Minerals and N	latural Resources	Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District 11</u> – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		3002538555	
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, NN	1 87505	STATE STATE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
	CES AND REPORTS ON WELLS		7	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES ~	
DIFFERENT RESERVOIR. USE "APPLICATIO	N FOR PERMIT" (FORM C-101)	FORIENCESOCD	8. Well Number	
PROPOSALS.) 1. Type of Well: Oil Well Gc	ıs Well 🔲 X Other Injector			
2. Name of Operator		AUG 2 1 2015	9. OGRID Number	
CHEVRON U.S.A.		AUU	4323	
3. Address of Operator		RECEIVED	10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 79705	,	RECEIVED	VACUUM GRAYBURG SAN ANDRES	
4. Well Location				
Unit Letter_C _:_1286_feet from the _N_ line and _1831_ feet from the _W_ line				
Section 2 Township 18 S Range 34-E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3983'				
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				
		CASING/CEME	NEJOB	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: ANNUA	AL MIT TEST	
13 Describe proposed or comm	Nated operations (Clearly	state all portinent d	,	
 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				
		r		
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: AL R Gasch TITLE: REGULATORY ASSISTANT DATE: 19 ANG 2015				
. J				
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				
APPROVED BY Bill Sawaman TITLE Staff Manage DATE 9:23-2015				
Conditions of Approval (if any):				

SEF 2 4 2015



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