Submit 1 Copy To Appropriate Distr Office				Form C-103
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			3002524362
District III - (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505			STATE 🛛 FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Gas Lease No. B 3011-1
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ACD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCHED				VACUUM GRAYBURG SAN ANDRES /
PROPOSALS.)				8. Well Number
1. Type of Well: Oil Well	Gas Well 🔲 X Ot	ther Injector	<u>01 2015</u>	44 -
 Name of Operator CHEVRON U.S.A. 	-		AUG	9. OGRID Number 4323
 Address of Operator SMITH ROAD MIDLAND, TX 7 	[′] 9705		RECEIVED	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location				
Unit Letter_F _:_1330_feet from the _N_ line and _1330_ 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.) 4019' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM		—		
OTHER:			OTHER: ANNUAL	. MIT TEST
		<u> </u>		
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:	
<u> </u>				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE:Ad L Gimen Title: REGULATORY ASSISTANT DATE: 19 Aug 2015				
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				
APPROVED BY: Sill amamah IIILE Staff Manager DATE 9/24/15				
Conditions of Approval (if any):				

SEP 2 5 2015

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