Submit 1 Copy To Appropriate District Office State of New Mexico District I - (575) 393-6161	June Om C-103
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283  District II - (575) 748-1283	Revised July 18, 2013  WELL API NO.
District III - (505) 334-6178	3002525793
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  1000 Rio Brazos Rd., Aztec, NM 87410  1000 Rio Brazos Rd., Aztec, NM 87505	5. Indicate Type of Lease  STATE   FEE
	6. State Oil & Gas Lease No.
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	CENTRAL VACUUM UNIT
A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.)	16
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A.	•
Address of Operator     G301 DEAUVILLE BLVD MIDLAND, TX 79706	10. Pool name or Wildcat VACCUM GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter_G: 2630_feet from the _N_ line and _1330_ feet from the _E_ line	
Section 30 - Township 17-S Range 35-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3980' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM  OTHER: OTHER: OTHER:  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING  COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB  OTHER: ANNUAL MIT TEST	
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:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE:	
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617	
For State Use Only	
APPROVED BY: Kerry Forther TITLE Compliance of Ficer DATE 6-21-17 Conditions of Approval of Approval of Engliance of Ficer DATE 6-21-17	

