Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 OIL CONSERVATION DIVISION	30-025-38002
	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonta Fe, NM 87505	STATE FEE /
District III - (505) 334-6178 AUG 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 RECENTED	6. State Oil & Gas Lease No.
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 SUCH	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTOR	8. Well Number 342
2. Name of Operator CHEVRON USA INC	9. OGRID Number 4323
3. Address of Operator	10. Pool name or Wildcat
6301 DEAUVILLE BLVD, MIDLAND, TX 79706	VACUUM; GRAYBURG SAN ANDRES
4. Well Location	
	et from the <u>EAST</u> line
Section 36 Township 17S Range 34E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation 11	NMPM County LEA
3995' GL	
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	
PULL OR ALTER CASING	JOB []
OTHER: MIT REPAIR OTHER:	
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 USA INC. IS REQUESTING TO REPAIR WELL. THE INJECTION WELL WAS SHUT IN AFTER BUILDING UP PRESSURE ON THE PRODUCTION CASING ANNULUS. THE PROPOSED REPAIR IS TO PULL	
THE EXISTING INJECTION EQUIPMENT, RUN A NEW PACKER TO ~4,305', AND TO RETURN THE WELL	
TO INJECTION AFTER PASSING A MIT.	
PLEASE FIND ATTACHED WELLBORE DIAGRAM.	
Condition of Approval: notify	
	Hobbs office 24 hours
Spud Date: Rig Release Date: prior of r	unning MIT Test & Chart
	and the second s
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Lindy Henre Munillo TITLE PERMITTING SPECIALIST DATE 08/10/2017	
Type or print name <u>CINDY HERRERA-MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com PHONE</u> : <u>575-263-0431</u>	
For State Use Only M (u)	
APPROVED BY: Maley Stown TITLE AO/IL DATE 8/21/2017	
Conditions of Approval (if any):	
V	

