Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 Form C-103 State of New Mexico Energy, Minerals and Natural Resources Revised July 18, 2013 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 WELL API NO. 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVIS District III - (505) 334-6178 3002524322 1220 South St. Francis Dr. Santa For 1998/505 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 5. Indicate Type of Lease STATE 🖂 FEE SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEER OR PLUG BACK 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR **ANDRES UNIT** SUCH PROPOSALS.) Gas Well Other 1 (2)5 1. Type of Well: Oil Well 8. Well Number 2. Name of Operator 9. OGRID Number CHEVRON U.S.A. 4323 3. Address of Operator 10. Pool name or Wildcat 6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM GRAYSBURG SA 4. . Well Location Unit Letter F:1330 feet from the NORTH line and 1330 feet from the WEST_line Section Township 18 S Range 34E **NMPM** County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 CHANGE PLANS COMMENCE DRILLING OPNS. | **TEMPORARILY ABANDON** PANDA PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: 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: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: \ TITLE: REGULATORY ASSISTANT Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575 For State Use Only empliance officer APPROVED BY

Conditions of Approval (if any):

