District] - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District] - (575) 748-1283 811 S. First St., Artesia, NM 88210 District.III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District.IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural OIL CONSERVATION DIV 1220 South St. Francia Santa Fe, NMCO	Resources	Form C-103 Revised July 18, 2013 WELL API NO. 3002532810 5. Indicate Type of Lease STATE X FEE .
(DO NOT USE THIS FORM FOR PF TO A DIFFERENT RESERVOIR. US SUCH PROPOSALS.)	NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN O SE "APPLICATION FOR PERMIT" (FORM as Well X Other Injector	DB CO BACK	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT 8. Well Number 244
2. Name of Operator CHEVRON MIDCONTINENT, L.P.			9. OGRID Number 4323
3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TEXAS 79706			10. Pool name or Wildcat VACUUM; GRAYBURG SAN ANDRES
4. Well Location Unit Letter B: 10 feet from the NORTH line and 1930 feet from the EAST_line Section 6 Township 18 Section 6 Township 18 Section 6 Township 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 TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE 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 HAS CONDUCTED THE REQUIRED 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.			
SIGNATURE: JUNE TITLE: REGULATORY ASSISTANT DATE: S14 19 Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575 For State Use Only APPROVED BY: June Johanne TITLE June Office Date 5-16-79 Conditions of Approval (if any):			

