Submit I Copy To Appropriate District	State of New Me	xico	Form C-103
Office <u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-25994
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			50-025-25994 5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.			STATE STATE
District IV – (505) 476-3460			6. State Oil & Gas Lease No.
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NN 29710 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (700 NOT 1075 FILE DEPORTS ON WELLS			
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
PROPOSALS.)			CENTRAL VACUUM UNIT
1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other INJECTION			8. Well Number #133
2. Name of Operator			9. OGRID Number
CHEVRON USA INC 3. Address of Operator			4323 10. Pool name or Wildcat
1616 W. BENDER BLVD HOBBS, NM 88240			VACUUM; GRAYBURG-SAN ANDRES
4. Well Location			
Unit Letter B <u>10</u> feet from the <u>NORTH</u> line and <u>1550</u> feet from the <u>EAST</u> line			
Section 12 Township 18S Range 34E NMPM County LEA			
	Elevation (Show whether DR,		
3984'GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPN PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:			NUAL 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 USA INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.			
CHART ATTACHED			
*** NOTE THIS TEST IS FOR UIC ANNUAL TESTING***			
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Spud Date:	Rig Release Da	ite:	
<u> </u>		·	
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 abov	e is true and complete to the be	est of my knowledge	e and belief.
	·		
And man	: An		
SIGNATURE			
Type or print name <u>CINDY HERRERA-MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u>			
For State Use Only			
APPROVED BY:	Lat. TITIE	∂ .	A DATE 7-17-20
APPROVED BY: All TITLE () A DATE 7-17-20 Conditions of Approval (if any):			
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