Submit 1 Copy To Appropriate District State of New M	Iexico Form C-103
Office Energy Minerals and No	
1625 N. French Dr. Hohbs. NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	N DIVISION 30-025-40462
District III – (505) 334-6178	
1000 Rio Brazos Rd., Aztec, NM 87410 APR 17 2012 Santa Fe, NM District IV - (505) 476-3460	
1220 S. St. Francis Dr , Santa Fe, NM	
SUNDRY NOTICES CAN PEPPORTS ON WELL	S 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR I	LUG BACK TO A CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other	8. Well Number 251
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A. INC. 3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUUM GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter A: 704 feet from the NORTH line and 311 feet from the EAST line	
Section 36 Township 17-S Range 34-E 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
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ DOWNHOLE COMMINGLE ☐	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
OTHER: CHANGE PLANS TO APD	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 RESPECTFULLY REQUESTS TO CHANGE THE INTENDED TOTAL DEPTH FROM 5100' TO 5150'.	
THE PRODUCTION CASING WILL BE SET @ 5150'.	
ALSO, THE SURFACE CSG HOLE SIZE WILL CHANGE FROM 15.5" TO 14 3/4"	
Spud Date: Rig Release	Date:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
* Indicated the information above is true and complete to the observer my line wroage and content	
signature My S Huleyton title: re	GULATORY SPECIALIST DATE: 04-16-12
Type or print name: DENISE PINKERTON E-mail address: lea	kejd@chevron.com PHONE: 432-687-7375
APPROVED BY: TITLE DATE APR 1 8 2012	
Conditions of Approval (Carvi)	