Submit 1 Copy To Appropriate District Office District I - (575) 393-6161	State of New	Mexico			Form C-103
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Na	atural Resources		Revised Ju	ly 18, 2013
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	St., Artesia, NM 88210 OIL CONSERVATION DIVISION		WELL API NO.		
<u>District III</u> - (505) 334-6178			3002524316		
1000 Rio Brazos Rd., Aztec, NM 87410 District_IV - (505) 476-3460	Santa Fe, NM		5. Indicate Type of L STATE		FEE D
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa TC, NW	07505	6. State Oil & Gas L	Rear I	
			0. State on & das L	30022	
SUNDRY NOTION	CES AND REPORTS ON WELLS		7. Lease Name or U	18 0	it Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPER	N OR PLUG BACK TO	Vacuum GRAYBUR	-	
A DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-	101) FOR SUCH	8. Well Number		
PROPOSALS.)		2		17	
1. Type of Well: Oil Well	Gas Well 🔲 Other 🔟 🕼	HODDOOD			V
2. Name of Operator		HOBBS OCD	9. OGRID Number	222	/
CHEVRON U.S.A.			4.	323	/
3. Address of Operator		MAR 1 7 2016	10. Pool name or Wi	ildcat	
15 SMITH ROAD MIDLAND, TX 79705			VACUUM GRAYBURG	S/A	
4. Well Location		PECEIVED			
	et from the _S_ line and _10_	feet from the E line			/
Section 2 -	Township 18 S	Range 34 E	NMPM	County	LEA
	11. Elevation (Show whether D	R, RKB, RT, GR, etc.)		A CONTRACT	
		- 11-			
	eck Appropriate Box to Indicate	e Nature of Notice, Repo		05	
			SUBSEQUENT REPORT		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI		AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM			UT TOT		
OTHER:		OTHER: ANNUAL	MIT TEST		
<ol> <li>Describe proposed or complet starting any proposed work).</li> </ol>	ed operations. (Clearly state a SEE RULE 19.15.7.14 NMAC. Fo				
completion or recompletion.					
	NDUCTED THE ANNUAL MIT TES	ST ON THE ABOVE WELL	•		
CHART ATTACHED.	FOR LUC ANNULAL TESTINC**				
**PLEASE NOTE THIS TEST IS	FOR UIC ANNUAL TESTING				
				1	
Spud Date:					
I hereby certify that the information abo	ove is true and complete to th	e best of my knowledge	and belief.		AD
					ps
SIGNATURE:	TITLE: REGULA	ATORY ASSISTANT	ATE:3/14/2016_		
Type or print name: Adriann Garcia	E-mail address: Adriann.Garci	ia@chevron.com PHC	DNE: 432-687-7617		
For State Lise Only					
For State Use Only					
	~ TITLE SLA	Managy DATE	31 29116		
APPROVED BY: Bill Soman	~ TITLE Staff	Managr_DATE_	31 29/16		
	~ TITLE Staff	Managr_DATE_	31 29,116		
APPROVED BY: Bill Soman	~ TITLE Shaff	Managr_DATE_	31 29/16		
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