| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|--|--|---|--------------------------------------|
| District I | Energy, Minerals and Natural Resources | | October 13, 2009 |
| 1625 N French Dr , Hobbs, NM 88710BBS OCD District II | | WELL API NO. | |
| 1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION | | 30-025-25809 5. Indicate Type of Lease | |
| D'. '. ' . ' . ' . ' . ' . ' . ' . ' . ' | | STATE STEE | |
| District IV 1000 Rio Brazos Rd., Aztec, NM 8W4 6 0 5 2011 1220 South St. Francis Dr. Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. St Francis Dr , Santa Fe, NM 87505 RECEIVED | | o. State on te das Boase No. | |
| 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 6 |
| 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 S/A |
| 4. Well Location | | | |
| Unit Letter C: 1310 feet from the NORTH line and 2560 feet from the WEST line | | | |
| Section 30 Township 17S Range 35E 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 | | | _ |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J | | | |
| DOWNHOLE COMMINGLE | | | |
| OTHER OFFI | | | AL ANNUAL IMITAWALART |
| OTHER: 13 Describe proposed or comments | pleted operations (Clearly state all n | | AL ANNUAL IMIT W/CHART |
| 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. | | | |
| | | | |
| 7-28-11: NOTIFIED NMOCD. RAN CHART. (ORIGINAL CHART & COPY OF CHART ATTACHED). | | | |
| START 2525# | | | |
| FINAL 2500# | | | |
| TIME 33 MINUTES. WITNESSED BY MAXEY BROWN, NMOCD. | | | |
| WITHESSED DT MAXET BROWN, NIMOCD. | | | |
| | | | |
| Spud Date: | Rig Release Dat | e: | |
| | | | |
| | | | |
| I hereby certify that the information | above is true and complete to the bes | st of my knowledge | e and belief. |
| | | | |
| SIGNATURE XULSE TIME LEVY TITLE REGULATORY SPECIALIST DATE 08-04-2011 | | | |
| THE REGULATORY SI ECIALIST DATE 08-04-2011 | | | |
| Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375 | | | |
| For State Use Only | | | |
| APPROVED BY: Title SAY MGT DATE 8-8-2011 | | | |
| APPROVED BY: | | | |
| Conditions of Approval (Ivally). | | | |

