Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103
District I – (575) 393-6161 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION		30-025-25727 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	AUG 1 9 -201220 South St. Fran		STATE STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505	RECEIVED		
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPE	TICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FOR	UG BACK TO A	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
1. Type of Well: Oil Well	Gas Well Other INJECTIO	N /	8. Well Number 71
2. Name of Operator CHEVRON U.S.A. INC.	/		9. OGRID Number 4323
3. Address of Operator 15 SMITH ROAD, MIDLAND,	ΓΕΧΑS 79705		10. Pool name or Wildcat VACUUM GRAYBURG S/A
4. Well Location			
Unit Letter G: 2630 feet from the NORTH line and 2623 feet from the EAST line			
Section 36	Township 17-S Rang		JMPM County LEA
	11. Elevation (Show whether DR)		
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		CASING/CEMENT	JOB 📙
DOWNHOLE COMMINGLE			
OTHER			CIAL ANNUAL TEST 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.			
8-16-11: RAN CHART FOR NMOCD. STARTING PRESSURE $-2700\#$ FINAL PRESSURE $-2600\#$ 31 MINUTES. WITNESSED BY MAXEY BROWN, NMOCD. (ORIGINAL CHART & COPY OF CHART ATTACHED).			
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Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the information above is true and complete to the best of my knowledge and bollot.			
SIGNATURE SIGNATURE SECULATORY SPECIALIST DATE 08-18-2011			
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375			
For State Use Only			
APPROVED BY DATE 8-22-2011			
Conditions of Approval (if any):			
10	/		

