Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-25815
District III (505) 224 6178	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 874/01C 1 0 2011 Sonto Ec. NIM 97505	STATE FEE /
	6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM 87505	
SUNDRY NOTICEWASD REPORTS ON WELLS (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	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other INJECTION	8. Well Number 27
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A. INC.	7. Genus Manier 1525
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUUM GRAYBURG S/A
4. Well Location 1330 S	·
4. Well Location 1330 5 1425 Unit Letter J: 2630 feet from the NORTH line and 1330 feet from the EAST line	
Section 25 Township 17-S Range 34-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER OTHER: SPECIAL 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 – 2675# FINAL PRESSURE – 2600# 31 MINUTES. WITNESSED BY MAXEY BROWN, NMOCD. (ORIGINAL CHART & COPY OF CHART ATTACHED).	
Spud Date. Rig Release Date.	
I housely contife that the information above in two and complete to the last of the last o	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE SIGNATURE TITLE REGULATORY SPECIALIST DATE 08-18-2011	
Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375 For State Use Only	
APPROVED BY: TITLE STATE N	DATE 8-77-7011
Conditions of Approval (if any):	
	DATE 8-22-2011

