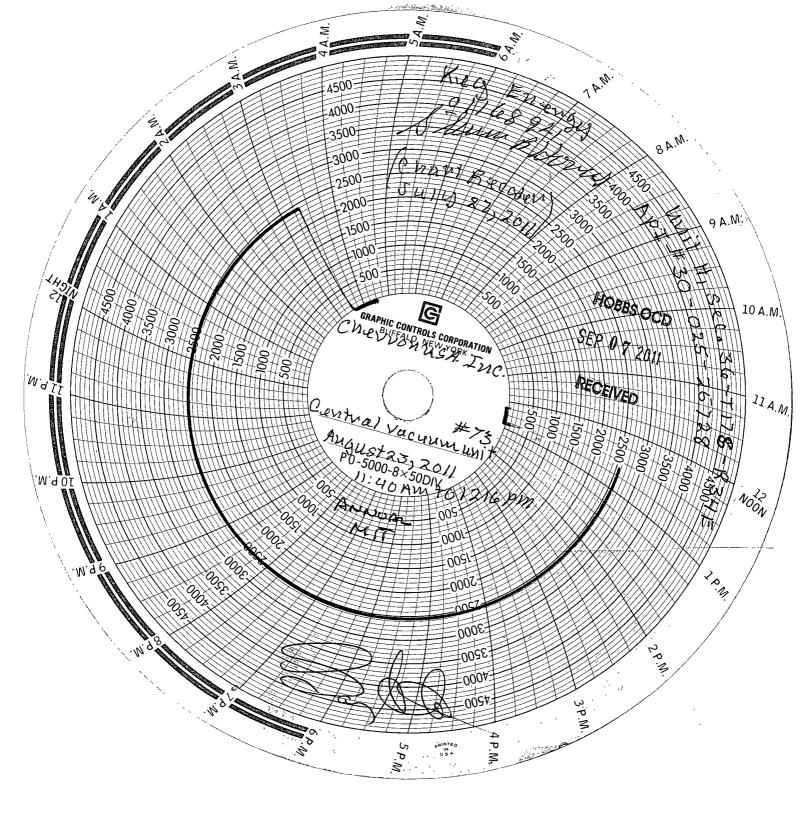
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 HOBBS OCT CONSERVATION DIVISION			30-025-25728	
District II – (575) 748-1283 811 S First St , Artesia, NM 88210				Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr			STATE S FEE	
1000 Rio Brazos Rd , Aztec, NM 87 SEP 0.7 2011 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S St Francis Dr , Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Na	nme 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 73	
2. Name of Operator CHEVRON U.S.A. INC.			9. OGRID Number 4323	
3. Address of Operator			10. Pool name or Wildcat	
15 SMITH ROAD, MIDLAND, TEXAS 79705			VACUUM GRAYBURG S/A	
4. Well Location				
Unit Letter H: 2630 feet from the NORTH line and 142 feet from the WEST line				
Section 36 Township 17-S Range 34-E NMPM County LEA				
The second secon	11. Elevation (Show whether DR, RKB, RT, GR, etc.)			The state of the s
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A				
TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRI CASING/CEMEN		. P AND A
OTHER: AN			NUAL MIT	
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.				
8-23-11: NOTIFIED NMOCD OF TEST. MAXEY BROWN GAVE VERBAL APPROVAL TO DO TEST. HE WAS NOT PRESENT TO WITNESS.				
RAN CHART FOR NMOCD. STARTING PRESSURE: 2500#. ENDING PRESSURE: 2500#. (ORIGINAL CHART & COPY OF CHART ATTACHED).				
Canad Datas	Rig Release Da	t a.	<u> </u>	
Spud Date:	Rig Release Da			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby certify that the information a	loove is true and complete to the be	st of my knowledge	and benen.	
SIGNATURE Anuse Vin	rkerton title re	GULATORY SPE	CIALIST	DATE 09-06-2011
Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375 For State Use Only				
APPROVED BY TITLE STAFF MASE DATE 9-14-70// Conditions of Approval (If any);				



H-36 175 348 2430 N 142 W