Submit 1 Copy To Appropriate District Office State of New M	exico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Nat	ural Resources	Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240 District II = (575) 748-1283		WELL API NO. 30-025-30917
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS OCIL CONSERVATION	N DIVISION	5. Indicate Type of Lease
District III (505) 224 6179 1990 1990 1990 1990 1990	ncis Dr.	STATE FEE
<u>District IV</u> - (505) 476-3460	7505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505		
SUNDRY NOTICE REPORTS ON WELL	S	7. Lease Name or Unit Agreement
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		VACUUM GRAYBURG SAN ANDRES
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		UNIT
1. Type of Well: Oil Well Gas Well INJECTOR		8. Well Number 150
2. Name of Operator		9. OGRID Number 4323
CHEVRON U.S.A. INC.		10 P W'11 /
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705	1	10. Pool name or Wildcat Vacuum Grayburg San Andres
4. Well Location		vacuum Grayburg San Andres
Unit Letter G: 1390 feet from the NORTH line and 1980 feet from the EAST line		
Section I Township 18-S Range 34-E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
The Elevation (Snow whether SN, NRS, NI, SN, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Re NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILL PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT J DOWNHOLE COMMINGLE ☐		EQUENT REPORT OF: ALTERING CASING P AND A
OTHER:	OTHER:	
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. Well has failed the MIT bradenhead test on 11-15-2011. Chevron plans to investigate the cause of the failure and restore the mechanical integrity of the well.		
		1
Spud Date: Rig Release D	late:	
Spud Date: Rig Release D	Pate:	
Spud Date: Rig Release D	Pate:	<u> </u>
		and belief.
I hereby certify that the information above is true and complete to the besides a signature. Signature for the signature of t	pest of my knowledge a	
I hereby certify that the information above is true and complete to the b	pest of my knowledge a	
I hereby certify that the information above is true and complete to the besides a signature of the signature	pest of my knowledge a	IST DATE: 01-16-2012