Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources  25 N French Dr., Hobbs, NM 88240  Strict II – (575) 748-1283  OH. CONSERVATION DIVISION			Form C-103 Revised August 1, 2011
District I – (575) 393-6161 1625 N French Dr., Hobbs, NM 88240 District II – (575) 748-1283			VELL API NO. 0-025-38785	Revised August 1, 2011
			. Indicate Type of I	Lease
811 S First St, Artesia, NM 88210  District III – (505) 334-6178  1000 Rio Brazos Rd., Aztec, NM 874 JAN 1 8 2012 1220 South St. Francis Dr.  District IV – (505) 476-3460  1220 S St Francis Dr, Santa Fe, NM 87505  DECEIVED		cis Dr.	STATE 🛛	FEE
		505	. State Oil & Gas L	ease No.
SUNDRY NOTICES AND 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  PROPOSALS.)			7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT	
1. Type of Well: Oil Well Gas Well INJECTOR			8. Well Number 438	
2. Name of Operator			9. OGRID Number 4323	
CHEVRON U.S.A. INC.  3. Address of Operator		1	0. Pool name or W	ildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705			VACUUM GRAYBURG SAN ANDRES	
4. Well Location				
Unit Letter A: 10 feet from the NORTH line and 420 feet from the EAST line				
Section 1 Township 18-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 ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐ CASING/CEMENT JOB ☐ CASING/CEMENT JOB ☐ CASING/CEMENT JOB				
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.				
12-15-2011: REPLACED MASTER VA	ALVE TO BRING THE SUBJE	CT WELL BACK IN	TO COMPLIANCE	<u></u>
Spud Date:	Rig Release Da	te:		
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 benefit.				
SIGNATURE TITLE: REGULATORY SPECIALIST DATE: 01-17-2012				
Type or print name: 1 DENISE PINKERTON E-mail address: leakejd@cvhevron.com PHONE: 432-687-7375				
APPROVED BY: DATE 2-1-2012 Conditions of Approval (if any):				