Submit I Copy To Appropriate District Office District 1 - (575) 393-6161 State of New Mexico Energy, Minerals and Natural R	Form C-103
District: (5/5)555	WELLADING /
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 APR 17 2011 CONSERVATION DIV	30-025-40467
811 S First St., Artesia, NM 88210 APR 1 OIL CONSERVATION DIV District III – (505) 334-6178 1220 South St. Francis I	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	STATE STATE FEE  6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM  87505  Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC	CK TO A CENTRAL VACUUM UNIT
PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number 276
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A. INC.	
3. Address of Operator	10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUUMURA I BURU SAN ANDRES
4. Well Location Unit Letter L: 1520 feet from the SOUTH line and 896 feet from the WEST line	
Section 31 Township 17-S Range 35-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    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: CHANGE PLANS TO APD   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.	
CHEVRON RESPECTFULLY REQUESTS TO CHANGE THE INTENDED TOTAL DEPTH FROM 5100' TO 5150'. THE PRODUCTION CASING WILL BE SET $\textcircled{a}$ 5150'.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE MUSICIPALITY SPECIALIST DATE: 04-16-12	
Type or print name: DENISE PINKERTON E-mail address: <u>leakejd@</u>	
APPROVED BY:	
Conditions of Approved if any):	