| Submit 1 Copy To Appropriate District   | State of New Mexico   | Form C-103  |
|---|---|---|
| Office<br><u>District I</u> – (575) 393-6161  | Energy, Minerals and Natural Resou                                  | Irces Revised August 1, 2011                                |
| 1625 N. French Dr., Hobbs, NM 88240   | HOBBS OCD   | WELL API NO.  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISI   | ON 30-025-27969 5 Indicate Type of Lease                    |
| <u>District III</u> – (505) 334-6178  | DEC 1 812902 South St. Francis Dr.                                  | 5. Indicate Type of Lease STATE FEE F                       |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460   | Santa Fe, NM 87505  | 6. State Oil & Gas Lease No.                                |
| 1220 S. St. Francis Dr., Santa Fe, NM   | -   | o. State off & Gus Estase 110.                              |
| 87505   | RECEIVED  |   |
| (DO NOT USE THIS FORM FOR PROPO   | ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK T | 7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT    |
| PROPOSALS.)   | Gas Well Other INJECTOR   | 8. Well Number 159  |
| Type of Well: Oil Well     Name of Operator   | das weil _ Other INJECTOR   | 9. OGRID Number 4323  |
| CHEVRON U.S.A. INC.   |   | 9. OGIGID Number 4323                                       |
| 3. Address of Operator  |   | 10. Pool name or Wildcat                                    |
| 15 SMITH ROAD, MIDLAND, T   | EXAS 79705  | VACUUM G/B SAN ANDRES                                       |
| 4. Well Location  |   |   |
| Unit Letter D: 1310 feet from the NORTH line and 100 feet from the WEST line  |   |   |
| Section 36  | Township 17S Range  | 34E NMPM County LEA   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |   |
|   | 11. Elevation (Bhow whether DR, 1985), Kr                           | , OR, cic.)   |
|   |   |   |
| 12. Check   | Appropriate Box to Indicate Nature of                               | Notice, Report or Other Data                                |
| NOTICE OF IN  | ITENTION TO:  | SUBSEQUENT REPORT OF:                                       |
| PERFORM REMEDIAL WORK   |   | IAL WORK ALTERING CASING                                    |
| TEMPORARILY ABANDON   |   | ENCE DRILLING OPNS. P AND A                                 |
| PULL OR ALTER CASING  | <del></del>   | 6/CEMENT JOB  |
| DOWNHOLE COMMINGLE  | MOETIFEE COMPE GASING   | SIGENIENT SOB   |
| DOWN TOLE COMMUNICALE   |   |   |
| OTHER:  | OTHER   | : MIT REPAIR  |
| 13. Describe proposed or com  | oleted operations. (Clearly state all pertinent of                  | 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.  |   |   |
| 11/26/12. MIRU. 11/27/12. ND WELLHEAD NU BOP. TEST ANNULAR AND RAMS. 11/28/12. SET TEST PKR TEST BOP.               |   |   |
|   |   | 4654'-4658. 12/03/12. C/O FROM 4656'-4698.                  |
| 12/05/12. C/O FROM 4688'-4729'. 12/06/12. C/O FROM 4721'-4730'. TOH W/ 2 7/8" TBG. 12/07/12. TIH W/2 3/8" TBG SET @ |   |   |
| 4365' TIH W/5 ½" PKR SET @ 4351. 12/10/12. TEST CSG TO 525 PSI. MIT CHART ATTACHED. RDMO CLEAN LOCATION.            |   |   |
| Keturn to Injector  |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   | ·   |   |
| Spud Date:  | Rig Release Date:   |   |
| Spud Date.  | Rig Release Date.   |   |
| -   |   |   |
| I haraby partify that the information   | chave is two and complete to the heat of my                         | Imported descend helief                                     |
| Thereby certify that the information  | above is true and complete to the best of my                        | knowledge and belief.                                       |
| - 111   |   |   |
| SIGNATURE COLOR   | $\mathcal{D}$ TITLE PERMITTIN                                       | G SPECIALIST DATE 12/14/2012                                |
|   |   |   |
| Type or print name SCOTT HAY  | NES E-mail address: TOXO@   | <u>@CHEVRON.COM</u> PHONE: 432-687-7198                     |
| For State Use Only  |   | ~   |
| 1 DDD 01/20 21/   | H11.  | 12-21-2012  |
| APPROVED BY:   Uall   | J m Frank TITLE LOWING NO   | WE UTTICEY DATE 12-21-2012                                  |
| Conditions of Approval (if any):  | •   | nce Officer DATE 12-21-2012  JAN. 9 8 2013 Chm              |
|   |   | 2013  |
|   |   | JAN. W 8 2010   |
|   |   |   |

