

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

HOBBS OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

MAY 03 2013

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| 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.) | | WELL API NO. 30-025-31874 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator CHEVRON U.S.A. INC. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705 | | 7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT |
| 4. Well Location Unit Letter O: 310 feet from the SOUTH line and 2630 feet from the EAST line Section 36 Township 17-S Range 34-E NMPM County LEA | | 8. Well Number 106 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 4323 |
| 10. Pool name or Wildcat VACUUM GLORIETA | | |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> | |
|--|--|--|--|

OTHER: _____ OTHER MIT W/CHART (MIT REPAIR)

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.

04-04-2013: NOTIFIED NMOCD. RAN CHART. PRESS TO 480 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).

Spud Date:

Rig Release Date:

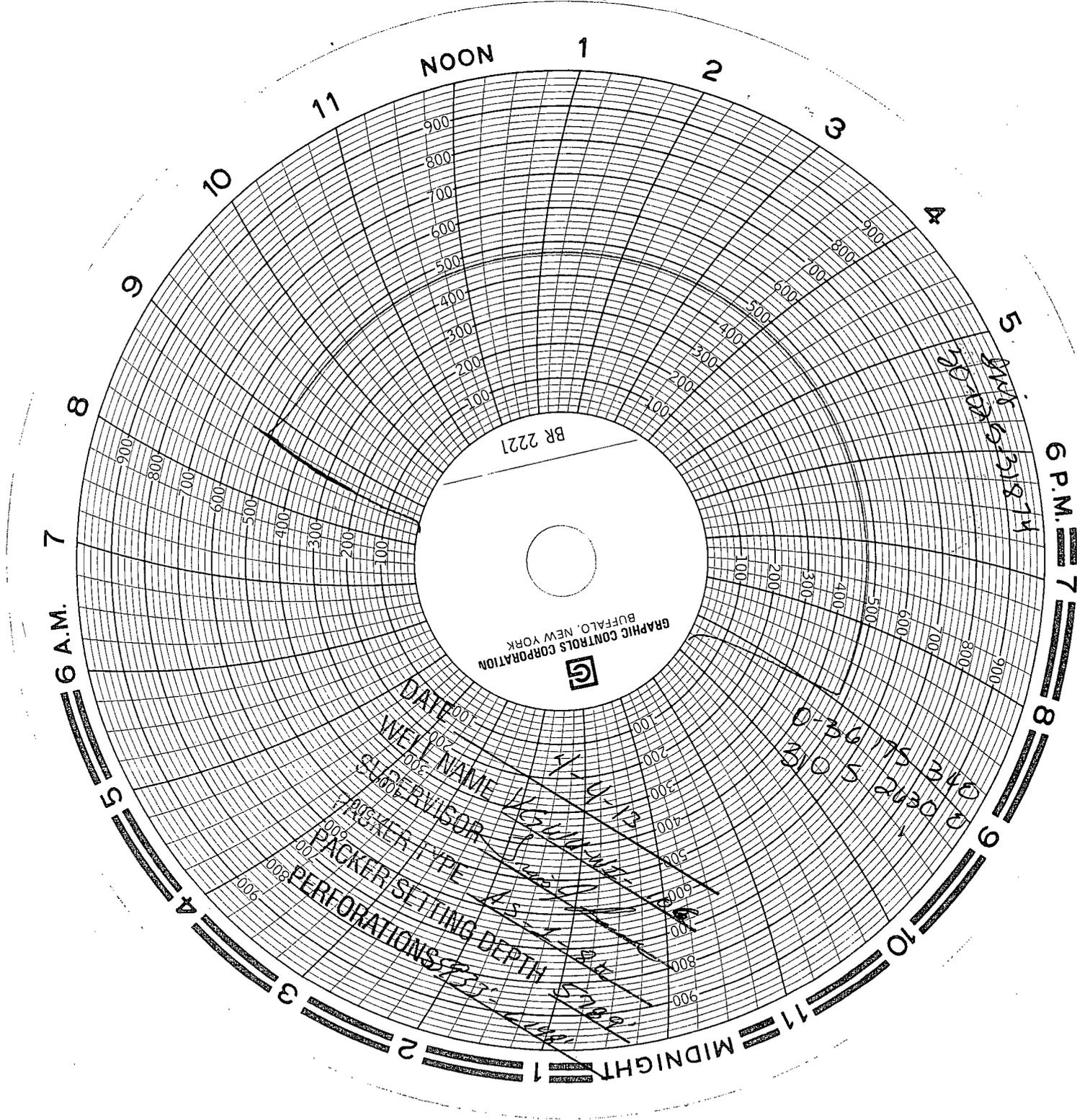
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Denise Pinkerton* TITLE: REGULATORY SPECIALIST DATE: 04-30-2013

Type or print name: DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375

APPROVED BY: *[Signature]* TITLE Dist Mgr DATE 5-13-2013
 Conditions of Approval (if any):

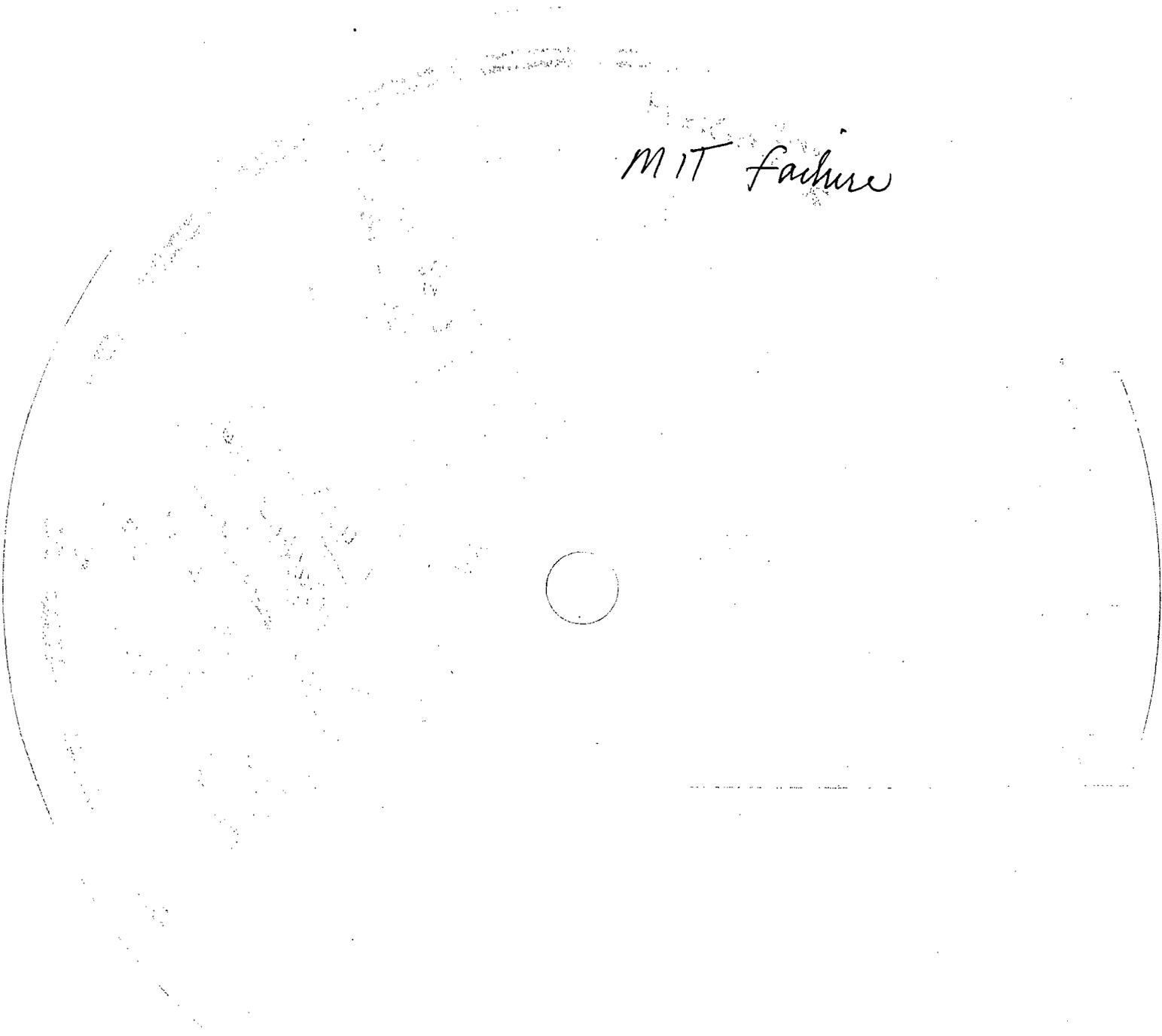
MAY 20 2013 *Chm*



DATE: 7/10/13
 WELL NAME: KENNEDY
 SUPERVISOR: J. J. J. J.
 PACKER TYPE: 11-1/2" P
 PACKER SETTING DEPTH: 11-1/2" P
 PERFORATIONS: 11-1/2" P

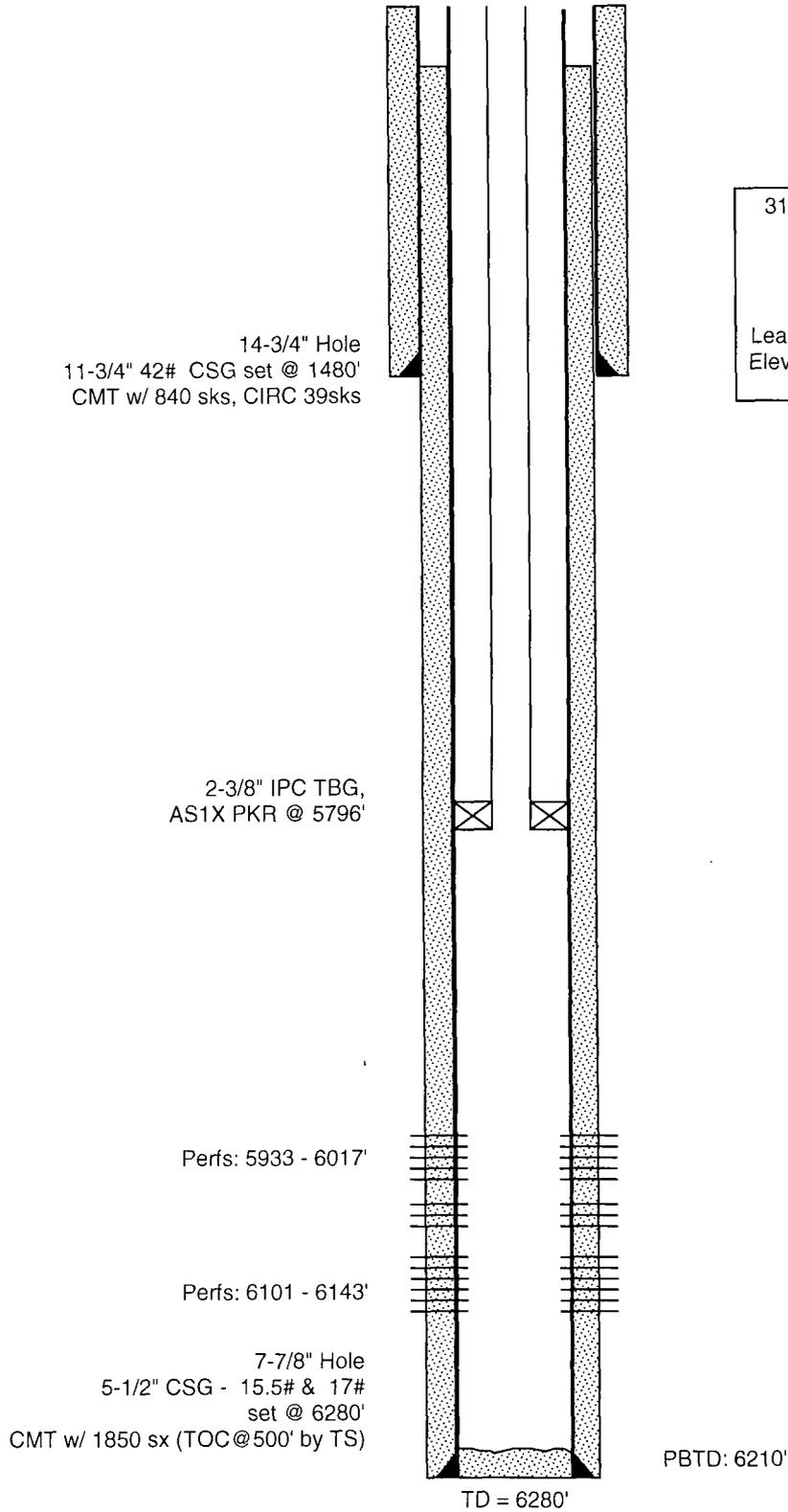
12:00 PM
 1:00 PM
 2:00 PM
 3:00 PM
 4:00 PM
 5:00 PM
 6:00 PM

MIT failure



VGWU WI-106
API No. 30-025-31874

Active Injection Well



Well Location

310' FSL & 2630' FEL
Unit Letter O
Section 36
Township 17-S
Range 34-E
Lea County, New Mexico
Elev: 3992' GR, 4006' KB