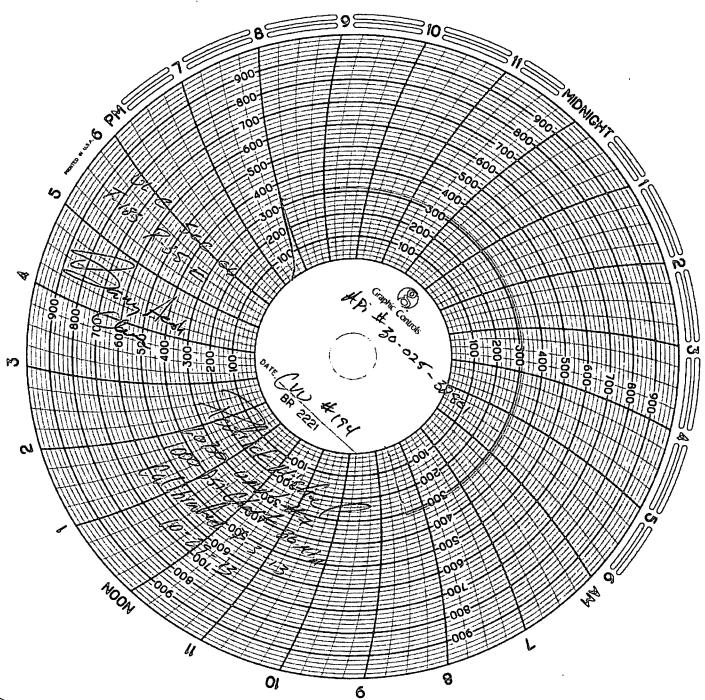
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-025-32801
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
<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 87505		
1	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIE	ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	CENTRAL VACUUM UNIT
PROPOSALS.)	Gas Well D Other DII	8. Well Number 194
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other INJ	9. OGRID Number
CHEVRON USA INC		4323
3. Address of Operator		10. Pool name or Wildcat
15 SMITH RD, MIDLAND, TX	79705	VACUUM GRAYBURG SA
4. Well Location		
' / ==================================	4 feet from the <u>NORTH</u> line and <u>1917</u>	
Section 6 Town	nship 18S Range 35E NMP	
	11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
12. Check	Appropriate Box to Indicate Nature of Notice	e. Report or Other Data
·		•
_		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WO CHANGE PLANS COMMENCE DI	RK ALTERING CASING RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE		332
CLOSED-LOOP SYSTEM	_	_
OTHER:	OTHER:	and give mentioent detectionally disconstituted detection
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 rec		ompressor i man wencore unigram or
ANNUAL MIT CHART		
·		
Spud Date:	Rig Release Date:	
<u> </u>		
I haraby cartify that the information	above is true and complete to the best of my knowled	loo and haliaf
i hereby certify that the information	above is true and complete to the best of my knowled	ige and benef.
0:41	t○ a	
SIGNATURE INCH IMEN	-Mwillo TITLE PERMITTING SPECIA	LISTDATE_12/12/2013
For State Use Only	ERA-MURILLO E-mail address: Cherreramurillo	<u>owcnevron.com</u> PHONE: <u>5/5-263-0431</u>
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	YMAD	
	•	JAN 1 4 2014 00 /
		0, 2 1



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