

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  
 Minerals and Natural Resources  
**HOBBBS**  
**FEB 07 2014**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-025-26787	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	
8. Well Number 143	
9. OGRID Number 4323	
10. Pool name or Wildcat VACUUM; GRAYBURG SAN ANDRES	
4. Well Location Unit Letter: A 1310 feet from NORTH line and 50 feet from the EAST line Section 6 Township 18S Range 35E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE   
 CLOSED-LOOP SYSTEM   
 OTHER: LETTER OF VIOLATION

SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB   
 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 U.S.A. INC. HAS RECEIVED A LETTER OF VIOLATION DATED 01/16/2014.  
 THE SUBJECT WELL IS OVER THE INJECTION LIMIT. CHEVRON ACKNOWLEDGES RECEIPT OF THIS VIOLATION AND IS WORKING TO BRING THIS WELL BACK INTO COMPLIANCE BEFORE THE DEADLINE.

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 02/06/2014

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

APPROVED BY: Bill Serrano TITLE State Manager DATE 2-10-14  
 Conditions of Approval (if any):

Accepted for Record Only

FEB 10 2014 *h*