Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103
Office <u>District I</u> – (575) 393-6161  1625 N. French Dr., Hobbs, NM <u>District II</u> – (575) 748-1283	Energy, Minerals and Natu	ıral Resources	Revised July 18, 2013 VELL API NO.
District II - (575) 748-1283	OIL CONSERVATION	DIVISION 3	0-025-25720
625 N. French Dr., Hobbs, NM 882188 OCI CONSERVATION DIVISION  011 S. First St., Artesia, NM 88210  011 CONSERVATION DIVISION  1220 South St. Francis Dr.		ncis Dr	. Indicate Type of Lease
1000 KIO DIAZOS Ku., AZICC, INMIG/410	Santa Fe, NM 83	7505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		, 505	. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		5 7	. Lease Name or Unit Agreement Name
(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.)		R SUCH	CENTRAL VACUUM UNIT
1. Type of Well: Oil Well  Gas Well  Other IN		8	. Well Number 45
2. Name of Operator		9	. OGRID Number 4323
CHEVRON U.S.A. INC.  3. Address of Operator		1	0. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705			ACUUM; GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter: C 121 feet from NORTH line and 2475 feet from the WEST line			
Section 31	Township 17S		MPM 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: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			☐ ALTERING CASING ☐
TEMPORARILY ABANDON			<del>_</del>
		CASING/CEMENT J	OB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM			
OTHER: INTENT TO REPAIR		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.			
THE SUBJECT WELL FAILED THE MIT, AND CHEVRON IS IN THE PROCESS OF MAKING THE NECESSARY REPAIRS TO BRING THE WELL BACK INTO COMPLIANCE.			
DRING THE WELL BACK INTO COMILIANCE.			
Spud Date:	Rig Release Da	ate:	
<u> </u>			<del></del>
I hereby certify that the information ab	pove is true and complete to the be	est of my knowledge a	nd belief
h			
SIGNATURE MASSIM	FOR TON TITLE REGI	JLATORY SPECIALI	ST DATE 02/03/2014
DENISE DINKE	DTON To a 11 a 11 a 11	- 1-1-1-6-1	DHONE 400 (07 707)
Type or print name DENISE PINKE For State Use Only	RION E-mail address	s: leakejd@chevron.c	om PHONE: 432-687-7375
APPROVED BY: Y aley Strown TITLE Compliance Officer DATE 2/14/2014			
CONDITION OF APPROVAL: Notify OCD DIS prior to STARTING THE WORKOVER.	TRICT OFFICE 24 HOURS	CONDITION OF APPR District Office 24 hour	ROVAL: Operator shall give the OCD notice before running the MIT test and chart.
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