Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161 State of New Mex Energy, Minerals and Natura	
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
811 S. First St., Artesia, NM 88210 OIL CONSERVATION I District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87FEB 1 02014 District IV – (505) 476-3460 OIL CONSERVATION I 1220 South St. France Santa Fe, NM 875	11 V I S I U I N
1000 Rio Brazos Rd., Aztec, NM 87 100 Santa Fe, NM 875 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH CENTRAL VACUUM UNIT 8. Well Number 70
Type of Well: Oil Well Gas Well Other INJ Name of Operator CHEVRON U.S.A. INC.	9. OGRID Number 4323
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705	10. Pool name or Wildcat VACUUM; GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter: E 2630 feet from NORTH line and 1310 fe Section 36 Township 17S	
Section 36 Township 17S II. Elevation (Show whether DR, I	<u> </u>
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A 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. Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE SIGNATURE SPECIALIST DATE 02/03/2014	
Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375 For State Use Qnly	
APPROVED BY: May Strown TITLE Compliance Office DATE 2/14/2014	
CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER.	CONDITION OF APPROVAL: Operator shall give the OCD