

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 July 18, 2013

HOBBS OCD
JUN 04 2014
RECEIVED

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

WELL API NO. 30-025-25816	
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 28	
9. OGRID Number 4323	
10. Pool name or Wildcat VACUUM; GRAYBURG SAN ANDRES	
4. Well Location Unit Letter: P 1230 feet from SOUTH line and 159 feet from the EAST line Section 25 Township 17S Range 34E 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:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
well work
 OTHER: MIT REPAIR W/CHART

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.

05/16/2014: NOTIFIED NMOCD. RAN CHART. PRESS TO 540 PSI FOR 30 MINUTES (ORIGINAL CHART & COPY OF CHART ATTACHED).

GOOD TEST.

*Pr A 4321
 inner + 4311*

Spud Date:

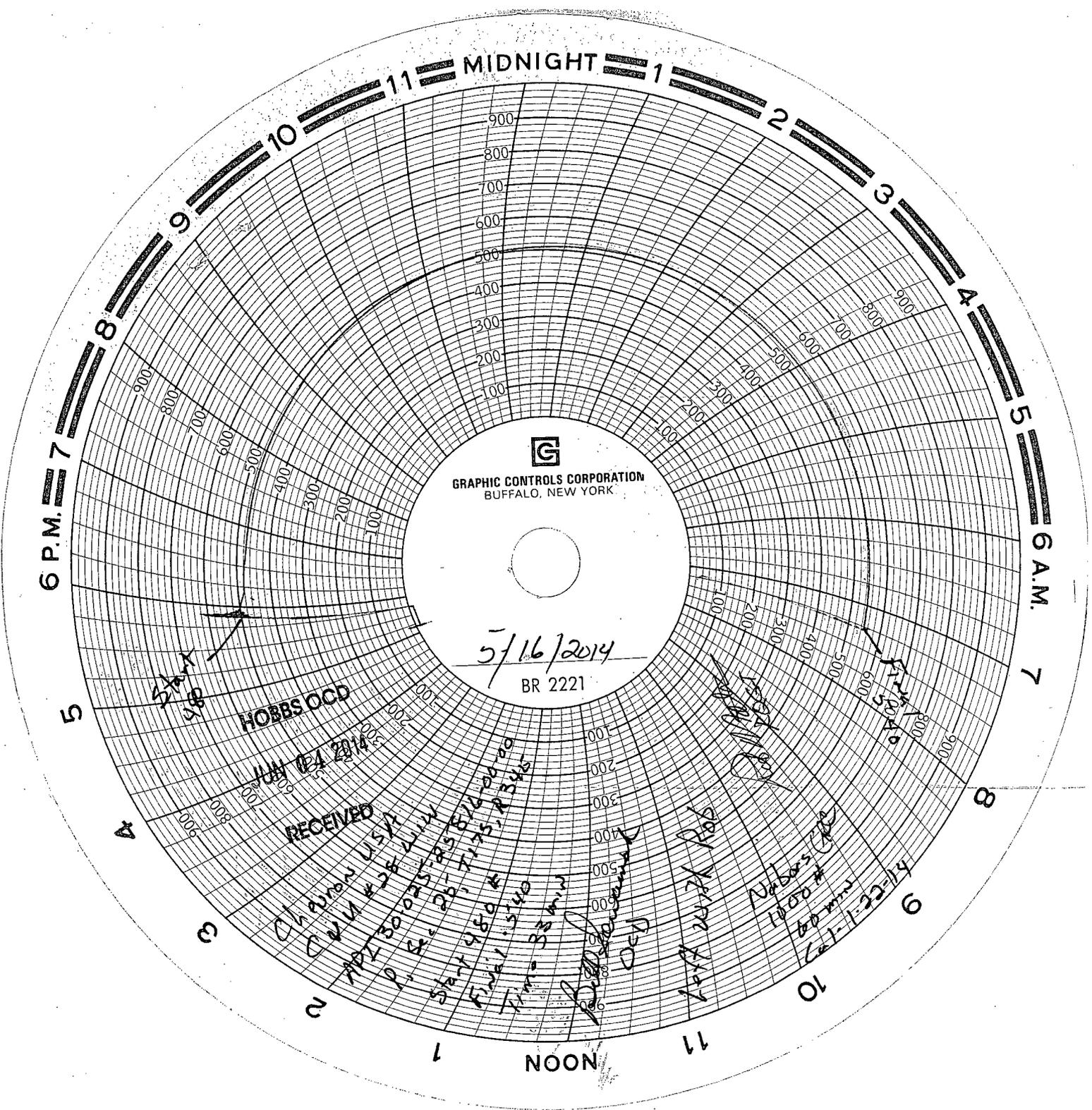
Rig Release Date:

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 06/01/2014
 Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375
 For State Use Only

APPROVED BY: *Bill Senamake* TITLE *Staff Manager* DATE *6/06/2014*
 Conditions of Approval (if any):

JUN 11 2014



DATE 5-16-14

WELL NAME CV4 #28

SUPERVISOR

PIPER TYPE PC Nickel plated

PIPER SETTING DEPTH 4290

REGULATIONS 4397 - 4714

ASL-X

1.25 F
pasgill n/mc

