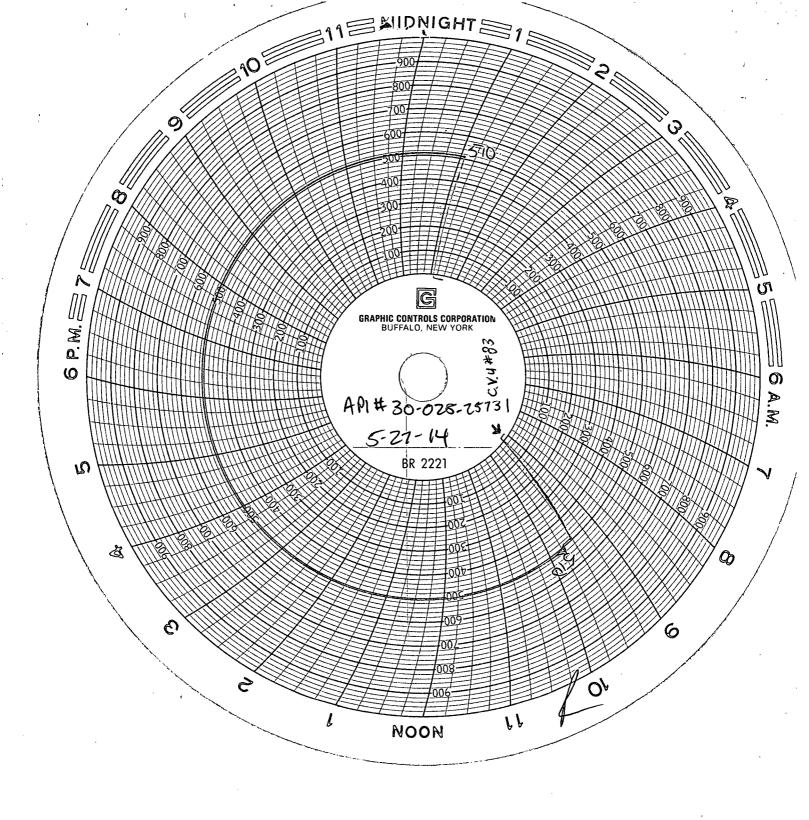
Office District I – (575) 393-6161	State of New Mexico	Form C-103
<u> </u>	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 3002525731 ►
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate 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
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		B-155
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	ON FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well Gas	Well X Other Injector HOBBS OCD	83
2. Name of Operator		9. OGRID Number
CHEVRON U.S.A. INC 3. Address of Operator	JUN 2 0 2014	10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, TX 79		VACUUM GRAYBURG SAN ANDRES
4. Well Location		
	RECEIVED om the _SOUTH _ line and _1330 _feet from	the EAST line
Section 36 Township		NMPM County LEA
	. Elevation (Show whether DR, RKB, RT, GR	
39	88' GL	
12. Check Appr	opriate Box to Indicate Nature of Not	ice, Report or Other Data
NOTICE OF INTER	NTION TO:	SUBSEQUENT REPORT OF:
	UG AND ABANDON ☐ REMEDIAL V	
	=	E DRILLING OPNS. P AND A
	JLTIPLE COMPL	-
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: AN	NUAL MIT TEST
		s, and give pertinent dates, including estimated date
proposed completion or recompl	SEE RULE 19.15.7.14 NMAC. For Multiple	e Completions: Attach wellbore diagram of
proposed completion of recompl	etton.	
CHEVRON U.S.A. INC. I	HAS CONDUCTED THE ANNUAL	MIT TEST ON THE ABOVE WELL.
		120. 01. 11.2 7.30 12 11.222.
CHART ATTACHED.		
PLEASE NOTE THIS	TEST IS FOR UIC ANNUAL TES	TING
	n' n'i n'	
Spud Date:	I KIO KEJESSE DSIE: I	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
	re is true and complete to the best of my know	vledge and belief.
		rledge and belief.
I hereby certify that the information abov	e is true and complete to the best of my know	
	e is true and complete to the best of my know	vledge and belief. SISTANT_DATE_18 June 2014
I hereby certify that the information abov	e is true and complete to the best of my know	SISTANT_DATE 18 June 2014
I hereby certify that the information abov	e is true and complete to the best of my know	SISTANT_DATE 18 June 2014
I hereby certify that the information abov SIGNATURE All Laure Type or print name Adriann Garcia	e is true and complete to the best of my know	SISTANT_DATE 18 June 2014
I hereby certify that the information above SIGNATURE All Laurence Type or print name Adriann Garcia For State Use Only	e is true and complete to the best of my know TITLE_REGULATORY AS E-mail address: Adriann.Garcia@chevron	SISTANT_DATE_ <u>18 June 20</u> 14 .com PHONE: 432-687-7617
I hereby certify that the information above SIGNATURE All Laurence Type or print name Adriann Garcia For State Use Only	e is true and complete to the best of my know TITLE_REGULATORY AS E-mail address: Adriann.Garcia@chevron	SISTANT_DATE 18 June 2014



CHEURON 05.29.14 CNU#83 LOBO Trucking +#19 Physique Uni +#19