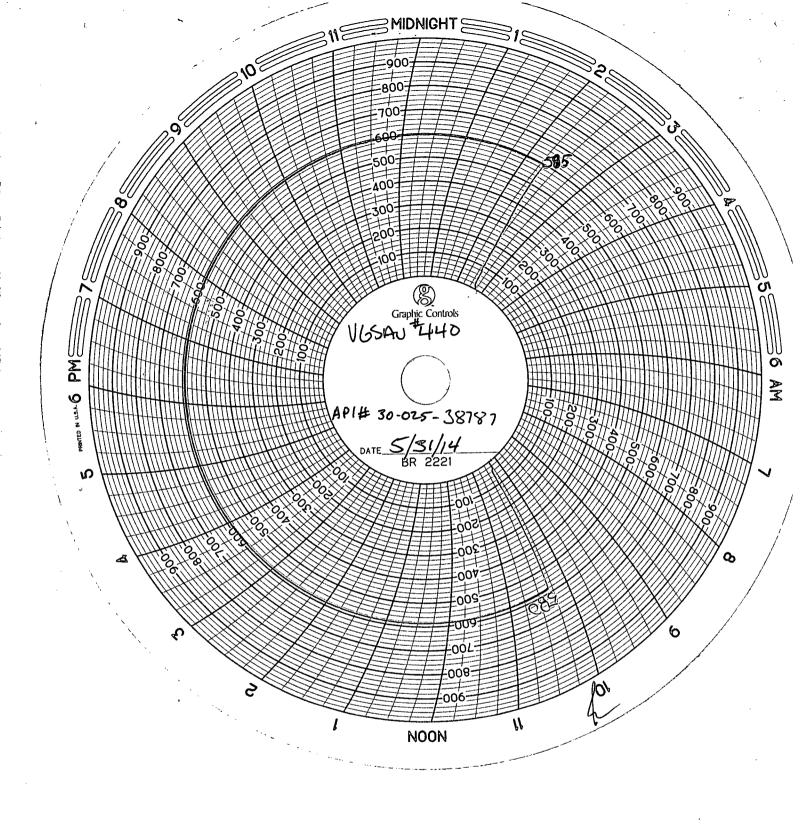
Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATIO		urai Resources	WELL API NO.	
			3002538787 5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	o Brazos Rd. Aztes, NM 87410		STATE STATE FEE	
Santa Fe, NM 87505 Santa Fe, NM 87505 220 S. St. Francis Dr., Santa Fe, NM 7505		7303	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 PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 PROPOSALS.)		DR SUCH		
1. Type of Well: Oil Well Gas Well X Other Injector		110000	8. Well Nu	
2. Name of Operator CHEVRON U.S.A. INC		JUN 2 0 2014	9. OGRID Number 4323	
 Address of Operator SMITH ROAD MIDLAND, TX 79705 			10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location		RECEIVED		
	from the _NORTH _ line and _19	980 _feet from the _	WEST_line	
Section 1 Township 18-S Range 34-E NMPM County LEA				
11. Elevation (Show whether DR, RI 3996' GR		R, RKB, RT, GR, etc.	:)	
10 61 1 1			_	_
12. Check A	ppropriate Box to Indicate N	Nature of Notice,	Report or C	Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL				☐ ALTERING CASING ☐ .□ P AND A ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:	_			
13. Describe proposed or comple	eted operations. (Clearly state all k) SEE RULE 19 15 7 14 NMA	pertinent details, and	d give pertiner	nt 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 CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.				
CHART ATTACHED.				
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING				
PLEASE NOTE THI	S TEST IS FOR UIC AN	INUAL TESTIN	G	
Spud Date:	Rig Release D	ate:		
I hereby certify that the information a	bove is true and complete to the h	est of my knowledg	e and belief	
increes correspondent the information a	sove to true and complete to the c	ost of my knowledge	e and belief.	
SIGNATURE AL CUCIL TITLE_REGULATORY ASSISTANT_DATE 18 June 2014				
Type or print name Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only	<u>.</u> /			
APPROVED BY: Silve Conditions of Approval (if any):	namake TITLE Stu	H Manag	2	DATE 6/24/2014
Conditions of Approval (II any):			N 26 2	



CHEVRON 05.31.14
VGSAY *440
Lobo Trucking
MATHY