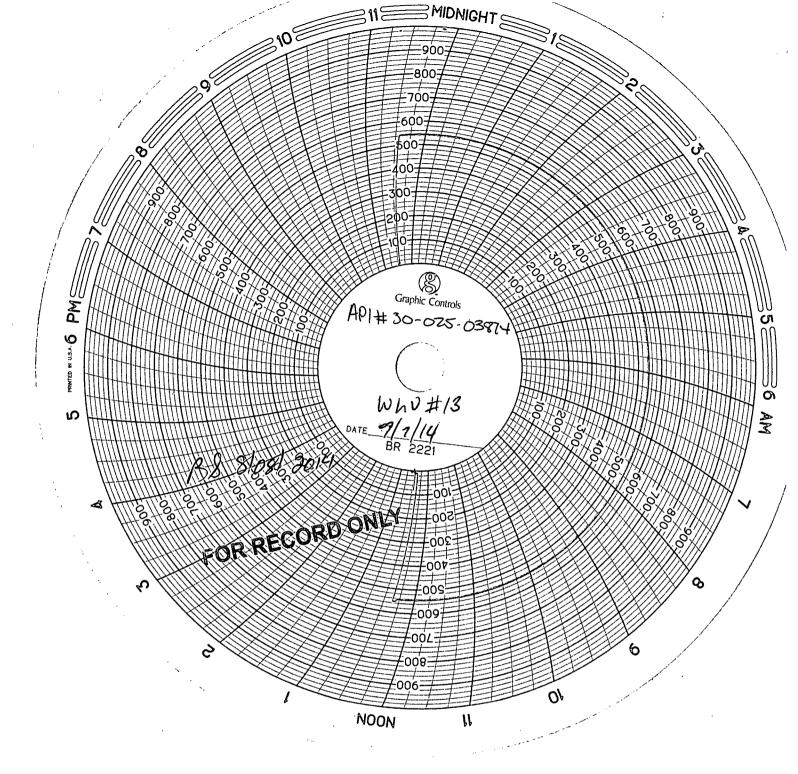
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OH COMORDINATION		WELL API NO. 3002503874	
811 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 FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
87505	Volta in the Deposite on the last	~		1286
	ICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PL ICATION FOR PERMIT" (FORM C-101) F	UG BACK TOCO	WEST LOVING	or Unit Agreement Name TON UNIT
1. Type of Well: Oil Well	Gas Well X Other Injector  AUG 0 6 2014		8. Well Number 13	
2. Name of Operator	Vig a		9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.	_	RECEIVED		
3. Address of Operator				
15 SMITH ROAD MIDLAND, TX 7	9705		LOVINGTON S	SAN ANDRES WEST
4. Well Location				
	eet from the _ NORTH_ line and _			T. T. A.
Section 4 T	ownship 17-S Range 11. Elevation (Show whether DK			ounty <b>LEA</b>
	11. Elevation (Show whether Dr	λ, ΚΚ <i>Δ</i> , ΚΤ, GΚ, εις.)		9
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  DOWNHOLE CHANGE PLANS  COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE  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.  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••				
Spud Date:	Rig Release D			
I hereby certify that the information	above is true and complete to the b	pest of my knowledge	e and belief.	
SIGNATURE:	TITL	E: REGULATORY	ASSISTANT DA	TE:7/23/14
Type or print name: Adriann Gar	cia E-mail address: Adriann.Ga	arcia@chevron.co	m PHONE: <b>43</b>	2-687-7617
For State Use Only	•			
APPROVED BY: Sie S	o a make more c	1. P. M. 2	-	AME SIC/ SARI
Conditions of Approval (if any):	Maria IIILE S	I WIT PIVANOGE	·D,	AIE -/0/0017
Constitutions of Approxim (it mit).	onamah TITLE S	OR RECORI	ONLY	L

AUG 1 9 2014



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