Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240			WELL API		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-2599	<u></u>	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM			0. State Off	& Gas Lease 110.	
87505 SUNDRY NOT	ICES AND REPORTS ON WELL	<u> </u>	7 Lease Na	me or Unit Agreement N	iame
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Zease I ame of our rigidement I ame		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH COPROPOSALS.)			CENTRAL VACUUM UNIT		
I Type of Well: Oil Well IXI Gas Well I I Other INTECTOR			8. Well Number 136		
2. Name of Operator			9. OGRID Number 4323		
2. Name of Operator CHEVRON U.S.A. INC. AUG 07 2014			J. OGRID I	1323	
3. Address of Operator			10. Pool name or Wildcat		
15 SMITH ROAD, MIDLAND, T	EXAS 79705	RECEIVED	VACUUM;	GRAYBURG SAN ANI)RES
4. Well Location					
Unit Letter: E 2450 f	feet from NORTH line and 40 fee	,			
Section 6	Township 18S	Range 35E	NMPM	County LEA	ar, e se er egger e
11. Elevation (Show whether DR, RKB, RT, GR, etc			.)		
12. Check	Appropriate Box to Indicate N	Nature of Notice,	Report or O	ther Data	
		1	•		
	NTENTION TO:			REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASIN	GЦ
TEMPORARILY ABANDON					Ш
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIFLE COMPL	CASING/CEMEN	II JOB		
CLOSED-LOOP SYSTEM					
OTHER: MIT REPAIR OTHER:					
13. Describe proposed or comp	oleted operations. (Clearly state all				
of starting any proposed w proposed completion or rec	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Co	ompletions: Att	ach wellbore diagram of	
proposed completion of rec	zompietrom.	•			
	SHUT IN FOR A MIT FAILURE				С
COMPLETE THE REPAI	RS NECESSARY TO BRING THI	E WELL BACK IN	TO COMPLIA	NCE.	
Spud Date:	Rig Release D	ate:			
			•		
			11 11 6		
I hereby certify that the information	above is true and complete to the t	best of my knowleds	ge and belief.		
August 1	$\frac{1}{2}$				
SIGNATURE YOUNG	MEPASTON TITLE REG	ULATORY SPECI	ALIST	DATE 08/06/2014	
Tune on print name DENICE DINE	ZEDTON E mail add-a	ser lankaid@aha	on aom	DUONE: 422 607 7	275
Type or print name DENISE PINK For State Use Only	E-man addre	ss: <u>leakejd@chevr</u>	OH.COM	PHONE: 432-687-7	313
R .	·				
APPROVED BY: / Sel So	unamah TITLE S	ta4 Manage		_DATE <i>8/16/20</i> /	'Y
Conditions of Approval (if any):		,			

AUG 2 0 20141

OR RECORD ONLY