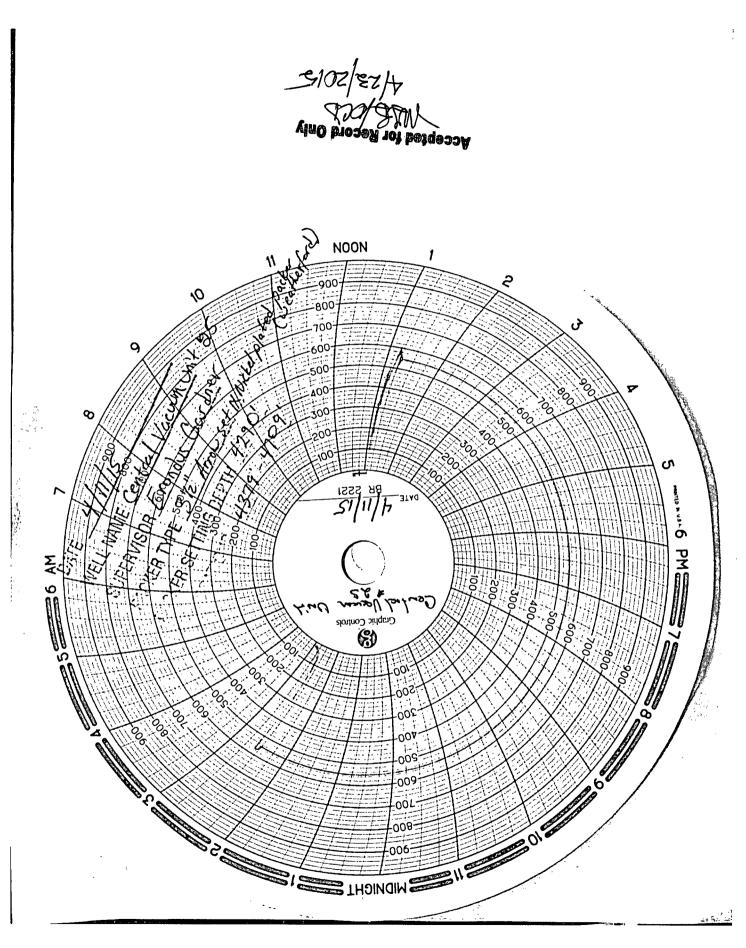
Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I         – (575) 393-6161         Energy, Minerals and Natural Resource           1625 N. French Dr., Hobbs, NM 88240         District II         – (575) 748-1283	WELL API NO.
District III – (505) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 APR 2 3 2215 South St. Francis Dr.	5. Indicate Type of Lease
Interim         Construction         Construction	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVED	o. State office Cus Deuse No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other INJECTOR	CENTRAL VACUUM UNIT 8. Well Number 25
2. Name of Operator	9. OGRID Number 4323
CHEVRON U.S.A. INC. 3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUUM; GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter: K 1330 feet from SOUTH line and 1504 feet from the	
Section 25 Township 17S Range 34E 11. Elevation (Show whether DR, RKB, RT, G	
Contraction of the second s	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
	— — —
	E DRILLING OPNS. P AND A
CLOSED-LOOP SYSTEM	MIT TEST 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.	
04/11/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 550 PSI FOR 30 MINUTES. (COPY OF CHART ATTACHED).	
(FAILED BRADENHEAD TEST - LETTER OF VIOLATION 08/19/2014) Chart accepted for Ricard.	
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 AUS MALEND TITLE REGULATORY SPECIALIST DATE 04/15/2015	
Type or print name DENISE PINKERTON E-mail address: leakejd@c	chevron.com PHONE: 432-687-7375
For State Use Only	· · · · · · · · · · · · · · · · · · ·
APPROVED BY:Conditions of Approval (if any):	DATE
C-103 Incomplete. Need description of Well work that corrected failure. also submit Current wellbore diagram include packing setting depth and perforations. Mil	
1 + will ber diagram Salues and anothing atting	
Current wellow change include putting setting	
depin une monumer. M	APR 2 7 2015

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