Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources os. NM 88240 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 Revised July 18, 2013
<u>District 1</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 811 S. First St., Artesio, NM 88210			WELL API NO. 3002525721
<u>District III</u> - (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aziec, NM 87410 <u>District IV</u> - (505) 476-3460	Santą Fe, NM 87	7505	STATE 🛛 FE77E 🗌 🗸
- 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. 857943
SUNDRY NOTICE	S AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS			CENTRAL VACUUM UNIT
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	FOR PERIMIT" (FORM C-TUT) FOI	HOBBS OCD	8. Well Number
1. Type of Well: Oil Well Gas	Well X Other Injector	1100000	55
2. Name of Operator CHEVRON U.S.A.	ļ	JUL 0 1 2015	9. OGRID Number
3. Address of Operator			10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, TX 79705		RECEIVED	VACUUM GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter_ D _:_1310 _feet from the _N_ line and _1310 _feet from the _W_ line			
Section 36 Township 17 S Range 34 E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING M DOWNHOLE COMMINGLE	ULTIPLE COMPL	CASING/CEME	<u> </u>
CLOSED-LOOP SYSTEM \(\bigcap \) OTHER:		OTHER: ANNUA	AL MIT TEST
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	Detail	
Spad Dale.		Dale.	
I hereby certify that the information a	bove is true and complete t	o the best of my l	knowledge and belief.
SIGNATURE: TITLE: REGULATORY ASSISTANT DATE:			
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617			
For State Use Only			,
APPROVED BY: Bill Somanch TITLE Staff Manager DATE 7/10/3015- Conditions of Approval (if any):			

JUL 1 4 2015

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