| Submit 1 Copy To Appropriate District Ene Office Ene District I - (575) 393-6161 Ene 1025 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | State of New Mexico ergy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-103 Revised July 18, 2013 WELL API NO. 3002525793 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. |
|---|--|---|
| | | 7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT 8. Well Number 16 |
| 2. Name of Operator CHEVRON U.S.A. | SUL 0 1 201 5 | 9. OGRID Number 4323 |
| Address of Operator SMITH ROAD MIDLAND, TX 79705 | RECEIVED | 10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES |
| 4. Well Location Unit Letter _g _: _2630 _feet from the _N_ line and _1330_ feet from the _E_ line Section 30 Township 17 S Range 35-E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980' GL | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON COMMENCE DRILLING OPNS. PAND A TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB PAND A DOWNHOLE COMMINGLE COMMINGLE CASING COMMENCE DRILLING OPNS. PAND A | | RK ALTERING CASING D DRILLING OPNS. P AND A D ENT JOB |
| OTHER: OTHER: ANNUAL MIT TEST 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including | | |

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 Date: |
|---|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |
| SIGNATURE: All Aluncis TITLE: REGULATORY ASSISTANT DATE: 10.210.15 |
| Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 |
| For State Use Only APPROVED BY: Sill Somansky HTLE Staff Manager DATE 7/9/2015 Conditions of Approval (if any): |
| h |

JUL 1 4 2015

