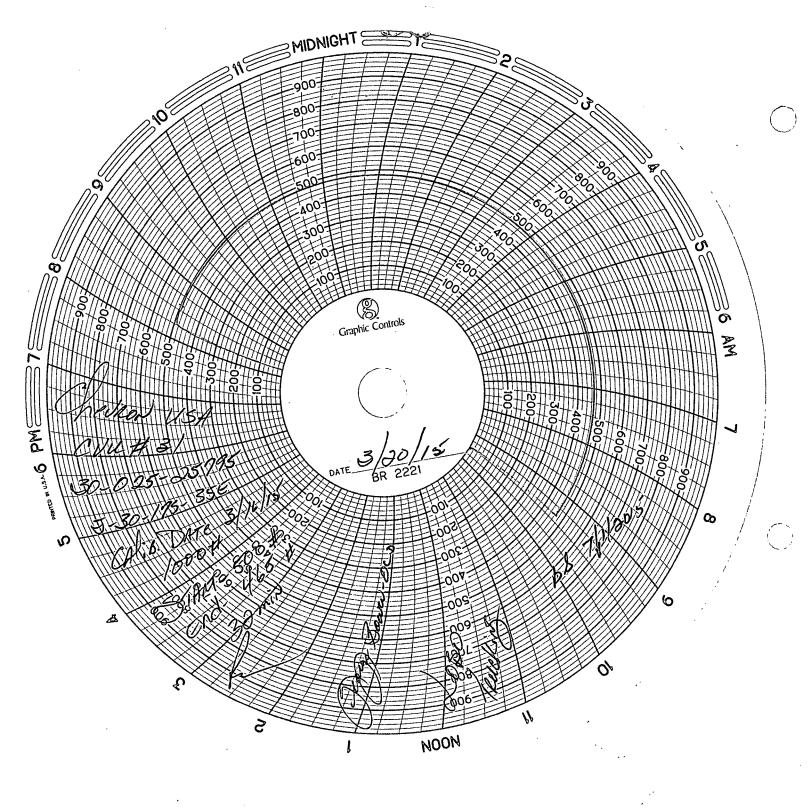
Description       CONSERVATION DIVISION       WELL APPLICAS         Description       CONSERVATION DIVISION       3002525795         Description       Santo Fe, NM 87505       Sindicast Transmission         Description       Santo Fe, NM 87505       Sindicast Transmission         Subtraction       Subtraction       Santo Fe, NM 87505       Sindicast Transmission         CON OT USE INIS FORM FOR MORPORALS IS DELL OR TO DEFERIO R FUELS BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS IS DELL OR TO DEFERIO R FUELS BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS IS DELL OR TO DEFERIO R FUELS BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPORT OF         1. Type of Well:       Gas Well & Other Injector       HOBBS OCD         3. Address of Operator       Santo Fee from the SL line and _1330 [feet from the LE line         Section       JUIN 19 2015       10. Pool name or Wildcat         VACUUM GRAYBURG SAN ANDRES       11. Elevation (Show whether DR RKB, RT, GR. etc.)       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF IN	Discrete - (27) 393-6161       CHARGE, Minine Cos UND-MERCER (RESOURCES)       WELL APPLING.         Discrete - (27) 393-6178       OIL CONSERVATION DIVISION       3002525795         Discrete - (27) 393-6178       OIL CONSERVATION DIVISION       3002525795         Discrete - (27) 393-6178       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT         Discrete - (27) 393-6178       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT         Discrete - (27) 393-6178       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT         Discrete - (27) 393-6178       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT         Discrete - (27) 393-6178       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT         Different reservoirs, Use 'APPLICATION FOR PERMIT' (ForM C-101) FOR SUCH       FCORASIS       Sindice Type of Leose _ State VELT         PROPOSALS       Santo Fe, NM 87505       Sindice Type of Leose _ State VELT       Sindice Type of Leose _ State VELT         2. Name of Operator       Santo Fe, NM 87505       Received _ Vacuum Market UACUUM UNIT       Sindice Type of Welt         3. Address of Operator       Santo Fee from the _S_ line and _1330 _ feet from the _E line       Section       OR OPERATURAL VACUUM GRAYBURG SAN ANDRES         4. Well Location       Unit Letter 1330 _ feet from the _S_ line and _1330 _ feet from the _E line       Subsequent report OF	Submit I Copy Io Appropriate District	State of New Me		Form C
Difference       (57) 763 763 763 703       3002525795         Difference       Santo Fe, NM 87505       Sindice Type of Lease         Sindiculu       Santo Fe, NM 87505       Sindice Type of Lease         Sindiculu       Suntor Fe, NM 87505       Sindice Type of Lease         Sindiculu       Suntor Fe, NM 87505       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Ference       Sindice Type of Lease       Sindice Type of Lease         Sindice Type of Well       Gas Well       Control Control       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease	Difference       (57) 763 763 763 703       3002525795         Difference       Santo Fe, NM 87505       Sindice Type of Lease         Sindiculu       Santo Fe, NM 87505       Sindice Type of Lease         Sindiculu       Suntor Fe, NM 87505       Sindice Type of Lease         Sindiculu       Suntor Fe, NM 87505       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Fe, NM 87505       Sindice Type of Lease       Sindice Type of Lease         Suntor Ference       Sindice Type of Lease       Sindice Type of Lease         Sindice Type of Well       Gas Well       Control Control       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease         Sindice Strong       Sindice Type of Lease       Sindice Type of Lease       Sindice Type of Lease	District I - (575) 393-6161	Energy, Minerals and Nati	<del>ura</del> l Resources	
1220 South St. Francis Dr. Santo Fe, NM 87505       1220 South St. Francis Dr. Santo Fe, NM 87505       5. Indicate Type of Leage StATE Z       1220 South St. Francis Dr. StATE Z         1220 South St. Francis Dr. State Fe, NM 87505       State F2, ME 87505       State F2, ME 87505         1220 South St. Francis Dr. State Fe, NM 87505       State F2, ME 87505       State Z       FE77E         1220 South St. Francis Dr. State Ferrer Teseneous. Benevolation For PROPOSALS to DRIL OF to DEEPEN OR FUG Back TO A DEFERENT Reservoirs. Use "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH       I. Leage Mere of Unit Agreement Name CENTRAL VACUUM UNIT         1. Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCL       I. Well Number         3. Address of Operator       S. Mitte Edge of Wildcot       VACUUM GRAVBURG SAN ANDRES         4. Well Location       Unit Letter J _ 1330 feet from the _S line and _ 1330 feet from the _E, line Section 30       To Pool name or Wildcot         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       II. Elevation (Show whether DR, RKB, RT, GR, etc.)       II. Elevation (Show Whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice. Report or Other Data       SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK       ALTERING CASING COMMENCE DRILLING OPNS P AND A         13. Describe proposed or completed operations. (Clearly state oil pertinent details, and give perfinent dates. includir estimated date of starting any	1220 South St. Francis Dr. Santo Fe, NM 87505       1220 South St. Francis Dr. Santo Fe, NM 87505       5. Indicate Type of Leage STATE 20 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         1220 South St. Francis D. Senter E. MR 87505       State 12 FE77E       6. State 10 FE77E         11. Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCD       8. Well Number         12. Name of Operator       13. Other Injector       9. OGRID Number       10. Pool name or Wildcot         13. SMTH ROAD MIDLAND, TX 79705       RECEIVED       10. Pool name or Wildcot       VACUUM GRAVBURG SAN ANDRES         13. Section 30       Township 17 S Range 35 E NMPM County LEA       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12. Check Appropriate Box to Indicate Nature of Notice. Report or Other Data         12. Ch	District II - (575) 748-1283			
1000 Relinds Result       Santo Fe, NM 87505       Sinto Fe, NM 87505         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Reserver       Sinte Certain Reserver       Sinte Certain Reserver         1000 Reserver       Sinte Certain Reserver       Sinte Certain Reserver         11 Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCD         11 Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCD         12. Name of Operator       JUN 11 9 2015       OCRID Number         13. Address of Operator       10. Pool name or Wildcat       VACUUM GRAYBURG SAN ANDRES         14. Well Location       Unit Letter, J _ 1330 feet from the _S, line and _1330 feet from the _E, line       10. Pool name or Wildcat         12. Check Appropriate Box to Indicate Nature of Natice. Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Natice. Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Natice. Report OF       <	1000 Relinds Result       Santo Fe, NM 87505       Sinto Fe, NM 87505         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Result       Sinto Fe, NM 87505       Sinte Certain Result         1000 Relinds Reserver       Sinte Certain Reserver       Sinte Certain Reserver         1000 Reserver       Sinte Certain Reserver       Sinte Certain Reserver         11 Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCD         11 Type of Well: Oil Well       Gas Well X Other Injector       HOBBS OCD         12. Name of Operator       JUN 11 9 2015       OCRID Number         13. Address of Operator       10. Pool name or Wildcat       VACUUM GRAYBURG SAN ANDRES         14. Well Location       Unit Letter, J _ 1330 feet from the _S, line and _1330 feet from the _E, line       10. Pool name or Wildcat         12. Check Appropriate Box to Indicate Nature of Natice. Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Natice. Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Natice. Report OF       <				
		1000 Rio Brazos Rd., Aztec, NM 87410			
SUNDRY NOTICES AND BEPORTS ON WELLS       7. Lease Name or Unit Agreement Name OF Work State	SUNDRY NOTICES AND BEPORTS ON WELLS       7. Lease Name or Unit Agreement Name OF Work State		<b>*</b> * 1		6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOSALS TO DILL OR TO DEEPEN OR PLUG BACK TO A PROPOSALS)       (CENTRAL VACUUM UNIT         BIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH       8. Well Number         1. Type of Well: Oil Well Gas Well X Other Injector       10. POBBS OCD         3. Address of Operator       10. Pool name or Wildcat         15 SMITH ROAD MIDLAND, TX 79705       10. Pool name or Wildcat         4. Well Location       Unit Letter, J1330 _feet from the _\$_ line and _1330 _feet from the _E_ line         Section       30       Township         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK         PUL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         OWNHOLE COMMINGLE       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state oli pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 INMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.      <	(DO NOT USE THIS FORM FOR PROPOSALS TO DILL OR TO DEEPEN OR PLUG BACK TO A PROPOSALS)       (CENTRAL VACUUM UNIT         BIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH       8. Well Number         1. Type of Well: Oil Well Gas Well X Other Injector       10. POBBS OCD         3. Address of Operator       10. Pool name or Wildcat         15 SMITH ROAD MIDLAND, TX 79705       10. Pool name or Wildcat         4. Well Location       Unit Letter, J1330 _feet from the _\$_ line and _1330 _feet from the _E_ line         Section       30       Township         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK         PUL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         OWNHOLE COMMINGLE       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state oli pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 INMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.      <	SUNDRY NOT	CES AND REPORTS ON WELLS	· · · · · · · · · · · · · · · · · · ·	
I. Type of Well: Oll Well       Gas Well: X Other Injector       HOBBS OCD       31         2. Name of Operator       9. OGRID Number         CHEVRON U.S.A.       JUN 1 9 2015       9. OGRID Number         3. Address of Operator       10. Pool name or Wildcat       VACUUM GRAYBURG SAN ANDRES         4. Well Location       Unit Letter, J1330 _feet from the _S_ line and _1330 _feet from the _E_ line       9. Ocning the San ANDRES         4. Well Location       11. Elevation (Show whether DR. RKB, RT, GR. etc.)       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:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PULG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         OTHER:       OTHER: ANNUAL MIT TEST       01HER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includin estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ING**       ************************************	I. Type of Well: Oll Well       Gas Well: X Other Injector       HOBBS OCD       31         2. Name of Operator       9. OGRID Number         CHEVRON U.S.A.       JUN 1 9 2015       9. OGRID Number         3. Address of Operator       10. Pool name or Wildcat       VACUUM GRAYBURG SAN ANDRES         4. Well Location       Unit Letter, J1330 _feet from the _S_ line and _1330 _feet from the _E_ line       9. Ocning the San ANDRES         4. Well Location       11. Elevation (Show whether DR. RKB, RT, GR. etc.)       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:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PULG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         OTHER:       OTHER: ANNUAL MIT TEST       01HER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includin estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ING**       ************************************	(DO NOT USE THIS FORM FOR PROPOS/ DIFFERENT RESERVOIR. USE "APPLICATION	ALS TO DRILL OR TO DEEPEN OR PLI		CENTRAL VACUUM UNIT
CHEVRON U.S.A.       JUN 1 9 2015         3. Address of Operator       10. Pool name or Wildcat         15 SMITH ROAD MIDLAND, TX 79705       PECEIVED         4. Well Location       Unit Letter, J :_ 1330 _feet from the _S_ line and _ 1330 _feet from the _E_ line         Section       30         10. Pool name or Wildcat         VACUUM GRAYBURG SAN ANDRES         4. Well Location         Unit Letter, J :_ 1330 _feet from the _S_ line and _ 1330 _feet from the _E_ line         Section       30         Township       17.S         Range       35.E         NIPM       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         REMPORARILY ABANDON       CHANGE PLANS         PULL OR ALTER CASING       MULTIPLE COMPL         OWNHOLE COMMINGLE       COMMENCE DRILLING OPNS       P AND A         CLOSED-LOOP SYSTEM       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.	CHEVRON U.S.A.       JUN 1 9 2015         3. Address of Operator       10. Pool name or Wildcat         15 SMITH ROAD MIDLAND, TX 79705       PECEIVED         4. Well Location       Unit Letter, J :_ 1330 _feet from the _S_ line and _ 1330 _feet from the _E_ line         Section       30         10. Pool name or Wildcat         VACUUM GRAYBURG SAN ANDRES         4. Well Location         Unit Letter, J :_ 1330 _feet from the _S_ line and _ 1330 _feet from the _E_ line         Section       30         Township       17.S         Range       35.E         NIPM       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         REMPORARILY ABANDON       CHANGE PLANS         PULL OR ALTER CASING       MULTIPLE COMPL         OWNHOLE COMMINGLE       COMMENCE DRILLING OPNS       P AND A         CLOSED-LOOP SYSTEM       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel diagram of proposed completion or recompletion.	1. Type of Well: Oil Well 🔲 G	as Well X Other Injector	HOBBS OCE	31
IS SMITH ROAD MIDLAND, TX 79705       VACUUM GRAYBURG SAN ANDRES         4. Well Location       Unit Letter, J1330 _feet from the _S_ line and _1330 _feet from the _E_ line       Section 30 Township 17.5 Range 35.E NMPM County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       Image: Subsequent report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON         PERFORM REMEDIAL WORK       PLUG AND ABANDON         COMMENCE ORIGINAL WORK       ALTERING CASING         OTHER: ANNUAL MIT TEST         OTHER: ANNUAL MIT TEST	IS SMITH ROAD MIDLAND, TX 79705       VACUUM GRAYBURG SAN ANDRES         4. Well Location       Unit Letter, J1330 _feet from the _S_ line and _1330 _feet from the _E_ line       Section 30 Township 17.5 Range 35.E NMPM County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       Image: Subsequent report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON         PERFORM REMEDIAL WORK       PLUG AND ABANDON         COMMENCE ORIGINAL WORK       ALTERING CASING         OTHER: ANNUAL MIT TEST         OTHER: ANNUAL MIT TEST		-	'JUN 1 9 2015	
Well Location Unit Letter_J1330_feet from the _S_ 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.)      12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data     NOTICE OF INTENTION TO:     PERFORM REMEDIAL WORK PLUG AND ABANDON     CHANGE PLANS     PULU OR ALTER CASING     MULTIPLE COMPL     CLOSED-LOOP SYSTEM     OTHER:      OTHER:      ADScribe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir     estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel     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*"	Well Location Unit Letter_J1330_feet from the _S_ 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.)      12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data     NOTICE OF INTENTION TO:     PERFORM REMEDIAL WORK PLUG AND ABANDON     CHANGE PLANS     PULU OR ALTER CASING     MULTIPLE COMPL     CLOSED-LOOP SYSTEM     OTHER:      OTHER:      ADScribe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir     estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel     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*"		5		
Section       30       Township       17 S       Range       35 E       NMPM       County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       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       SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       P AND A         COSED-LOOP SYSTEM       OTHER:       OTHER: ANNUAL MIT TEST       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations.       Clearly state all pertinent details, and give pertinent dates, including and proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach well diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.         "PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING"	Section       30       Township       17 S       Range       35 E       NMPM       County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       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       SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       P AND A         COSED-LOOP SYSTEM       OTHER:       OTHER: ANNUAL MIT TEST       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations.       Clearly state all pertinent details, and give pertinent dates, including and proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach well diagram of proposed completion or recompletion.         CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.         "PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING"	4. Well Location			d
Section       30       Township       17 S       Range       35 E       NMPM       County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       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       SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS       PLICE CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       P AND A         COSED-LOOP SYSTEM       OTHER:       OTHER: ANNUAL MIT TEST       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel 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"	Section       30       Township       17 S       Range       35 E       NMPM       County LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       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       SUBSEQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS       PLICE CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       P AND A         COSED-LOOP SYSTEM       OTHER:       OTHER: ANNUAL MIT TEST       OTHER: ANNUAL MIT TEST         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includir estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wel 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"	Unit Letter J : 1330 feet	from the S line and 1330 (	feet from the F line	e
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hereby certify that the information above is true and complete to the best of my knowledge and belief.					
		SIGNATURE:A. Gam	TITLE: REGU	ILATORY ASSISTANT	DATE: 14 June 2015
		Type or print name: Adriann Garcie	E-mail address: Adriann G	arcia@chevron.con	n PHONE: <b>432-687-7617</b>
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SIGNATURE: <u>A. Gun</u> TITLE: REGULATORY ASSISTANT DATE: <u>Ill June</u> 2015 Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 For State Use Only APPROVED BY: <u>Bill Jamamak</u> TITLE <u>Staff Manager</u> DATE <u>7/1/2015</u>	SIGNATURE: <u>A. Gun</u> TITLE: REGULATORY ASSISTANT DATE: <u>Ill June</u> 2015 Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 For State Use Only APPROVED BY: <u>Bill Jamamak</u> TITLE <u>Staff Manager</u> DATE <u>7/1/2015</u>				,
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