

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 3002525795
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FE77E <input type="checkbox"/>
6. State Oil & Gas Lease No. 857943
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well Number 31
9. OGRID Number
10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

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 ☐ **HOBBS OGD**

2. Name of Operator  
**CHEVRON U.S.A.** **JUN 19 2015**

3. Address of Operator  
**15 SMITH ROAD MIDLAND, TX 79705** **RECEIVED**

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 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>ANNUAL MIT TEST</b>	

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:

A. Garcia

TITLE: **REGULATORY ASSISTANT**

DATE: 16 June 2015

Type or print name: **Adriann Garcia**

E-mail address: **Adriann.Garcia@chevron.com**

PHONE: **432-687-7617**

**For State Use Only**

APPROVED BY:

Bill Samanaka

TITLE:

Staff Manager

DATE:

7/1/2015

Conditions of Approval (if any):

**JUL 23 2015**

