Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals a <u>nd Natur</u> al Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		1 + Ja.	Form C-103
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	Revised July 18, 2013
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210			30025	40463
<u>District III</u> ~ (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type o	
District IV - (505) 476-3460 1220 S, St, Francis Dr., Santa Fe, NM 87505			STATE 🛛	FE77E
)			6. State Oil & Gas	Lease 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		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT		
PROPOSALS.)	as Well X Other Injector	HOBBS OCD	8. Well Number 258	3
2. Name of Operator CHEVRON U.S.A.		JUN 1 9 2015	9. OGRID Number	1323
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 7970	15	RECEIVED	10. Pool name or N VACUUM GRAYBUI	The state of the s
4. Well Location				
Unit Letter_ A _:_1005 _feet from the _N_ line and _185 _feet from the _E_ line				
Section 36 Township 17 S Range 34 E NMPM County LEA /				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
等。 等。 等。 等。 等。 等。 等。 等。 等。 等。				
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 REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				AND A
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:	OTHER: ANNUAL 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				
				٦
Spud Date:	Rig Releas	e Date:		
<u> </u>				
	 			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE: A. Gas TITLE: REGULATORY ASSISTANT DATE: U June 1015				
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				
APPROVED BY: Bell Sommanake TITLE Staff Manager DATE 7/1/2015				

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