

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 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  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-025-27975
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name VACUUM GRAYBURG S/A UNIT
8. Well Number 065
9. OGRID Number 4323
10. Pool name or Wildcat VACUUM GRAYBURG - SAN ANDBES

**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

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address of Operator  
15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location  
 Unit Letter: M 1310 feet from SOUTH line and 120 feet from the WEST line  
 Section 35 Township 17S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

NOV 02 2015  
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: INTENT TO REPAIR		OTHER:	

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.

THE SUBJECT WELL IS DOWN DUE TO A MIT FAILURE. PLANS ARE TO REPAIR THE WELL AND BRING IT BACK INTO COMPLIANCE. THE SUBJECT WELL IS DOWN FOR WHAT IS EXPECTED TO BE A TUBING/PACKER LEAK.

DURING THIS PROCESS WE PLAN TO USE THE CLOSED LOOP SYSTEM WITH A STEEL TANK AND HAUL TO THE REQUIRED DISPOSAL, PER THE OCD RULE 19.15.17.

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 *Denise Pinkerton* TITLE REGULATORY SPECIALIST DATE 10/29/2015  
 Type or print name DENISE PINKERTON E-mail address: [leakejd@chevron.com](mailto:leakejd@chevron.com) PHONE: 432-687-7375  
 For State Use Only  
 APPROVED BY: *Mary Brown* TITLE *Dist Supervisor* DATE *11/12/2015*  
 Conditions of Approval (if any):

NOV 18 2015

*Handwritten mark*