

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 Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OGD

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

AUG 19 2016

RECEIVED

| |
|---|
| WELL API NO. 3002526787 |
| 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 CENTRAL VACUUM UNIT ✓ |
| 8. Well Number 143 ✓ |
| 9. OGRID Number 4323 ✓ |
| 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

2. Name of Operator
CHEVRON U.S.A. ✓

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

4. Well Location
Unit Letter A: 1310 feet from the N line and 50 feet from the E line
Section 6 - Township 18-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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | OTHER: MIT TEST for Repair |
| OTHER: <input type="checkbox"/> | |

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.

8/1/2016: MIT for repair

Chart accepted.
Accepted for Record Only

Spud Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: 8/16/2016

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

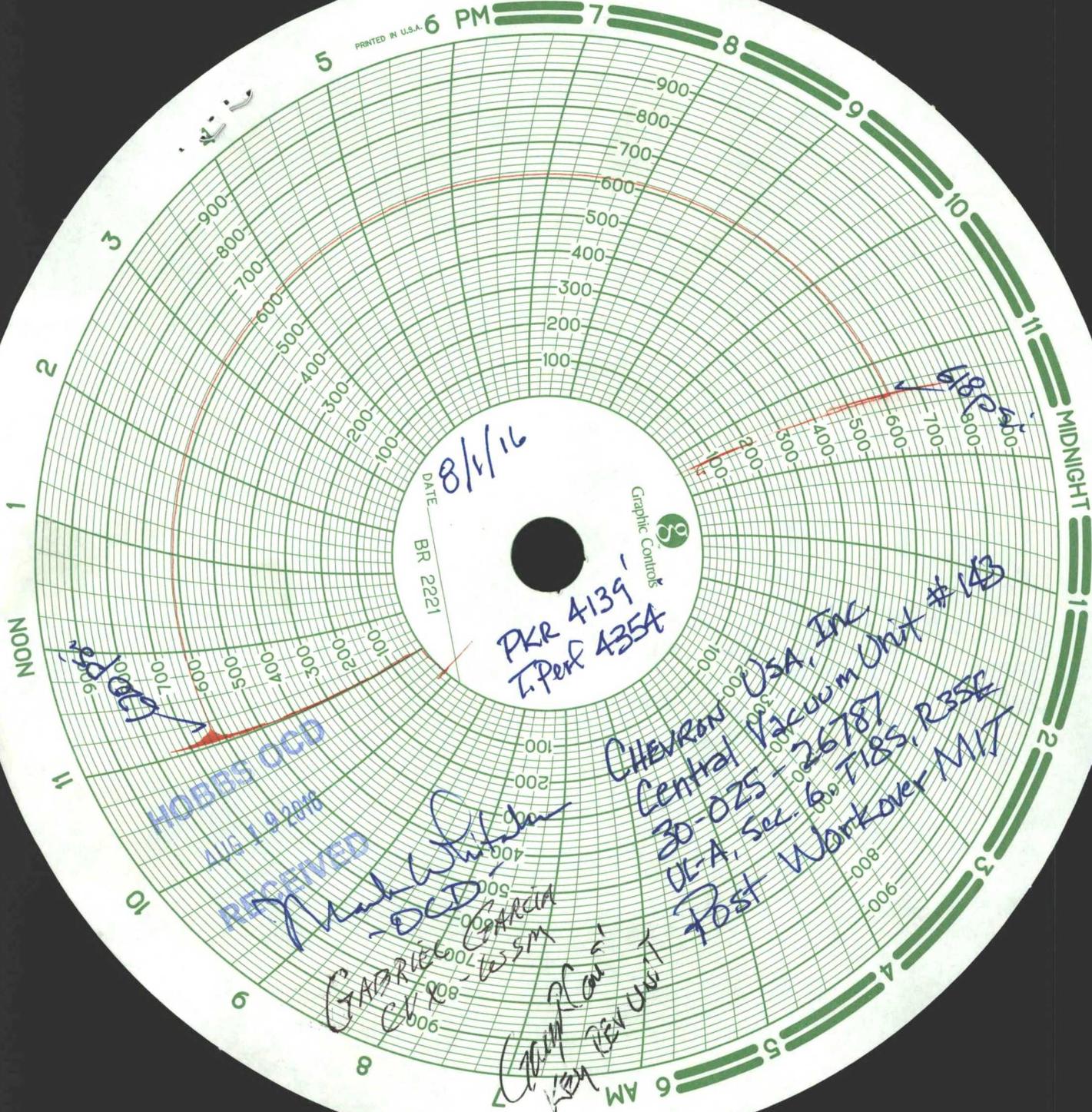
APPROVED BY: _____ TITLE: _____ DATE: _____

Conditions of Approval (if any):

DENIED

Need to provide information on what repairs were accomplished. Need depth of Packer. Well Bore Diagram. Makey Brown 8/22/2016

PRINTED IN U.S.A. 6 PM 7 8 9 10 11



8/1/16

DATE

BR 2221

Graphic Controls
33

PKR 4139'
I. Perf 435A

Handwritten signature

HOBBS OCD
8/1/16 1:20 PM

RECEIVED

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GARCIA
to SM

Handwritten signature
Ken Per Unit

CHEVRON USA, Inc
Central Vacuum Unit #143
30-025
DL-A, Sec. 6, T185, R35E
Post Workover-MIT

6/8 p.m.

MIDNIGHT

NOON

6 AM