Submit 1 Copy To Appropriate District Office State of New Mexico District_J - (575) 393-6161		Form C-103		
District_II - (575) 739-36101 1625 N. French Dr., Hobbs, NM 88240 District_III - (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 APR 2 7 2017		Revised July 18, 2013 WELL API NO.		
		3002530917		
		5. Indicate Type of Lease STATE STATE		
		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name		
(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		Vacuum Grayburg San Andres		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Taut		5. Well Number		
2. Name of Operator		9. OGRID Number		
CHEVRON U.S.A.		4323		
3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706		10. Pool name or Wildcat Vacuum Grayburg San Andres		
4. Well Location Unit Letter G : 1390 feet from the N line and 1980 feet from the E line				
Section 1 - Township 18-S Range 34-E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Chack Appropriate Pox to Indicate Nature of Notice Papart or Other Data				
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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A				
		CLOSED-LOOP SYSTEM	OTHER: ANNUAL	MIT TEST
 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:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE:April 25, 2017				
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				
APPROVED BY: <u>Remy Further</u> TITLE <u>Compliance OFFicer</u> DATE <u>4-27-17</u> Conditions of Approved (if any):				

