Submit 1 Copy To Appropriate District Office District I ~ (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II ~ (575) 748-1283

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

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WELL API NO.			
30-025-25708			
5. Indicate Type of Lease			
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811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION D	DIVISION	30-025-25708					
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	1220 South St. Franc		5. Indicate Type of Lease					
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 875	005	STATE S FEE 6. State Oil & Gas Lease No.					
			6. State Oil & Gas Lease No.					
SUNDRY NOTIC	7. Lease Name or Unit Agreement Name							
(DO NOT USE THIS FORM FOR PROF	CENTRAL VACUUM UNIT							
TO A DIFFERENT RESERVOIR. USE "A								
SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJ			8. Well Number 81					
2. Name of Operator			9. OGRID Number					
CHEVRON U.S.A.			4323					
Address of Operator		10. Pool name or Wildcat						
6301 DEAUVILLE BLVD MIDLAND, TX	79706		VACUUM GRAYSBURG SA					
4. Well Location								
	he SOUTH line and 1310 feet from							
Section 36 Township	17 S Range 34E	NMPM	County LEA					
	11. Elevation (Show whether DR, F	KB, KT, GK, etc.)						
tanan and a second			New Code Code (Code Code Code Code Code Code Code Code					
	eck Appropriate Box to Indicate Na							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING □								
PERFORM REMEDIAL WORK PLUG AND ABANDON MEMBEDIAL WORK MEMBEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A								
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB								
DOWNHOLE COMMINGLE			_					
CLOSED-LOOP SYSTEM	CLOSED-LOOP SYSTEM							
OTHER:		OTHER: ANNUAL	. MIT TEST					
			· · · · · · · · · · · · · · · · · · ·					
Describe proposed or complete	ed operations. (Clearly state all per	rtinent details, and g	ive pertinent dates, including estimated decof					
starting any proposed work). S	SEE RULE 19.15.7.14 NMAC. For	Multiple Completions	s: Attach wellbore diagram (1990)					
completion of recompletion.			HOP 2019					
	ONDUCTED THE ANNUAL MIT TE	ST ON THE ABOVE	WELL. APR 0 9 2019					
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING								
Spud Date:	Rig Release Date:							
<u> </u>		L						
I hereby certify that the information above	ve is true and complete to the best	of my knowledge and	d helief					
Thoroby cortiny that the information above		or my imomougo uni						
tree in leves								
SIGNATURE: JESSICA JUNES TITLE: REGULATORY ASSISTANT DATE: 4 19 19								
Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575								
For State Use Only								
APPROVED BY: Xerry Forte TITLE Compliance Office ADATE 4-22-19								
Conditions of Approval (if any).								