Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88244 1625 N. French Dr., Hobbs, NM 88244 16301 W. Grand Ave., Artesia, NM 88210 16301 W. Grand Ave., Artesia, NM 87505			June 19, 2008 WELL API NO.			
District II 1301 W Grand Ave Artesia NM 88210 OIL CONSERVATION DIVISION			30-025-34098			
District III MAP 0 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE			
District IV Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NMBS 87505	<i>y</i>					
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.)			7. Lease Name or Unit Agreement Name STATE "AN"			
1. Type of Well: Oil Well Gas Well Other			8. Well Number 12			
2. Name of Operator / CHEVRON U.S.A. INC.			9. OGRID Number 4323, OF			
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat VACUUM; WOLFCAMP, EAST			
4. Well Location						
Unit Letter I 1950 feet from	the SOUTH line and 450 fe	et from the EAST	line			
Section 7 Township 18-S Range 35-E NMPM County LEA						
11	. Elevation (Show whether DR	, RKB, RT, GR, etc.)		* * *		
<u> </u>	· · · · · · · · · · · · · · · · · · ·		L			
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 WOR					CASING	
TEMPORARILY ABANDON				P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE						
DOWNINGER COMMUNICACE						
OTHER:				A STATUS W/CH		
 Describe proposed or completed of starting any proposed work). or recompletion. 						
2-23-11: NOTIFIED NMOCD. RAN CI						
CIBP SET @ 9198. PERFS 9258-9316.	(ORIGINAL CHART & CO	OPY OF CHART AT	TTACHED).			
WELL IS TEMPORARILY ABANDON	IED. This	Approval of To	omporary	_		
Spud Date:	Rig Release 8	Ap proval of Te	ires <u> </u>	3-2016	2	
	Mg Release De					
<u> </u>		·	, to the state age, a decision of	والمراجعة المراجعة والمراجعة والمراج	-d	
I hereby certify that the information abov	e is true and complete to the b	est of my knowledge	e and belief.			
SIGNATURE AS 15 CINKE	处加	ULATORY SPECIA	LIST DA	те <i>D3-D1</i> -	-2011	
Type or print name DENISE PINKER	TON E-mail address: <u>leak</u>			0 607 7275		
For State Use Only	L'OIV L'III audiess. <u>leak</u>	CJUIWCHE VIOILCOIN	F HUNE: 432	-00/-/3/3		
		156		フ・		
APPROVED BY: Conditions of Approval (if any):	TITLE J	ALL MAR		_DATE	-2011	

