| Submit 1 Copy To Appropriate District Office  | State of New Mexico  |                     | Form C-103   |
|---|--|---------------------|--|
| <u>District J</u> – (575) 393-6161  | Energy, Minerals and Natural Resources                           |                     | Revised July 18, 2013  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   | OH GONGERNATION PHYSICAL   |                     | WELL API NO.<br>30-025-31991   |
| 811 S. First St., Artesia, NM 88210   | OIL CONSERVATION DIVISION  |                     | 5. Indicate Type of Lease  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.                                       |                     | STATE S FEE  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | Santa Fe, NM 87505   |                     | 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 PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other |  | NEW MEXICO AB STATE |  |
| PROPOSALS.)   | Gas Well Other LOBBS OCO   |                     | 8. Well Number 010   |
| 2. Name of Operator   | well Other Ho  | - 215               | 9. OGRID Number 4323   |
| CHEVRON U.S.A. INC.   | - 20 %   | 1 8 2015            | 7. OGRID Number 4323   |
| 3. Address of Operator  | WIP .  | 41                  | 10. Pool name or Wildcat   |
| 15 SMITH ROAD, MIDLAND, TEXAS   | \$ 79705   | RECEIVED            |  |
| 4. Well Location 2045   |  |                     |  |
| Unit Letter: J feet from line and feet from the line Section 6 Township 18S Range 35E NMPM County LEA   |  |                     |  |
| Section 6   | Elevation (Show whether DR                                       |                     | NMPM County LEA  |
|   | Die varion (bhow whether br)                                     |                     |  |
|   |  |                     |  |
| 12. Check Appro   | opriate Box to Indicate N  | lature of Notice,   | Report or Other Data   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |                     |  |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK  |  |                     |  |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐   |  |                     | <del></del>  |
| PULL OR ALTER CASING  |  |                     | T JOB  |
| DOWNHOLE COMMINGLE  |  |                     |  |
| CLOSED-LOOP SYSTEM  OTHER:  |  | OTHER: TA           | W/CHART  |
| 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.   |  |                     |  |
| 05/08/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 560 PSI FOR 32 MINUTES. (COPY OF CHART ATTACHED)  |  |                     |  |
| WITNESSED BY MAXEY BROWN, NMOCD.  |  |                     |  |
| GEORGE BOU  |  |                     |  |
| WELL IS TEMPORARILY ABANDONI  | Abandonment Expires 5/8/2016                                     |                     |  |
| •   | 7 100 001 100 007 11 11 100 0                                    |                     | The state of the s |
|   |  |                     |  |
| Spud Date:  | Rig Release Da   | ate:                | }  |
| Splid Date.   |  |                     |  |
|   |  |                     |  |
| I hereby certify that the information above   | e is true and complete to the b                                  | est of my knowledg  | ge and belief.   |
|   | Land   |                     |  |
| SIGNATURE / WYPUTON TITLE REGULATORY SPECIALIST DATE 05/15/2015   |  |                     |  |
| Type or print name DENISE PINKERTO  | ON E-mail addres   | s: leakejd@chevro   | on.com PHONE: 432-687-7375   |
| For State Use Only  |  |                     |  |
| APPROVED BY: 1 CALLY DROWN TITLE DIST Supervisor DATE 5/18/2015   |  |                     |  |
| Conditions of Approval (if any):  |  |                     |  |
|   | E-PERMITTING <sv< td=""><td>ND INJEC</td><td>TION&gt;</td></sv<> | ND INJEC            | TION>  |
| CONVERSION RBDMS  |  |                     |  |
| RETURN TO TAC_P_M.  |  |                     |  |
| CSNG CHG LOC  |  |                     |  |
| INT TO PA P&A NR P&A R MAY 18 2015  |  |                     |  |
|   |  |                     | $R_{\mu}$ ,  |



