mit 1 Copy To Appropriate District Office State of New Mexico Form C-103 rict I - (575) 393-6161 Energy, Minerals and Natural Resources Revised July 18, 2013 25 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 WELL APLNO. 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION 300252582000 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. Santa Fe, NM 875055 OCD District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 MAY 0 4 2018 5. Indicate Type of Lease STATE 🛛 FEE \square 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP PLUG BACTO A DIFFERENT RESERVOIR. USE "APPLICATION FOR DEDICATION SUCH PROPOSALS.) 7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT SUCH PROPOSALS.) 8. Well Number 107 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number CHEVRON U.S.A. 4323 3. Address of Operator 10. Pool name or Wildcat 6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM GRAYSBURG SA 4. . Well Location Unit Letter_G_:2450__feet from the NORTH_ line and 2632 feet from the EAST_line 38 6 Township Section 18 S Range 35E 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A TEMPORARILY ABANDON PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: ANNUAL MIT TEST 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. 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: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: JUNE MY TITLE: REGULATORY ASSISTANT Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575 For State Use Only TITL Compliance Hicer Supervisor APPROVED BY

Conditions of Approval (if any):

