

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

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS- OCD  
RECVD 11/9/20

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-24307	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Vacuum Grayburg San Andres Unit	
8. Well Number: 30	
9. OGRID Number: 4323	
10. Pool name or Wildcat: Vacuum Grayburg San Andres	
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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: Injection Well	
2. Name of Operator: Chevron U.S.A. Inc.	
3. Address of Operator: 6301 Deauville Blvd, Midland, TX. 79706	
4. Well Location Unit Letter <u>K</u> : <u>2630</u> feet from the <u>South</u> line and <u>2630</u> feet from the <u>West</u> line Section <u>2</u> Township <u>18-S</u> Range <u>34-E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' KB	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: Intent to repair leak and re-test MIT. <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

The subject well recently failed its 5-year MIT so the plan is to perform a workover to repair the well and return to injection per the following procedure:

1. MIRU, NDWH, NU BOPE
2. POOH with all Injection equipment
3. Repair leak.
4. Re-run injection equipment.
5. Notify NMOCD to witness pressure test of casing and chart
6. File subsequent report with MIT chart to NMOCD

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

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 Jerry D. Poole TITLE Production Engineer DATE 09Oct2020

Type or print name Jerry D. Poole E-mail address: jerrypoole@chevron.com PHONE: (432) 687-7295

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/18/20  
Conditions of Approval (if any):