Submit 1 Copy To Appropriate District State of New Mex	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Resources Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION	DIVISION 30-025-33920 5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Azłec, NM 57EB 1 0 2014 District W (505) 476 2460 Santa Fe, NM 87	cis Dr. STATE FEE
$1000 \text{ kio Brazos Rd., Azlec, NM 87410 a v Lott Santa Fe, NM 874$	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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 PLUE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS)	G BACK TO A MONUMENT 12 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 8
2. Name of Operator CHEVRON U.S.A. INC.	9. OGRID Number 4323
3. Address of Operator15 SMITH ROAD, MIDLAND, TEXAS 79705	10. Pool name or Wildcat MONUMENT; DRINKARD, NE
4. Well Location	
Unit Letter: N 419 feet from the SOUTH line and 1801 feet from the WEST line	
Section 12 Township 19S Range 36E NMPM 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	
	_
OTHER: EXTEND TA STATUS	OTHER:
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. WOULD LIKE TO ASK FOR A YPEXTENSION FOR THE TA STATUS OF THE SUBJECT WELL WE NEED THE EXTRA TIME TO GET A PLUGGING RIG ON THE WELL.	
UPON APPROVAL, A CHART WILL BE RUN AND SUBMITTED FOR TA EXTENSION.	
•	
Spud Date: Rig Release Date	2:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the mormation above is the and complete to the best of my knowledge and benef.	
SIGNATURE AMAR M. M. TITLE REGULATORY SPECIALIST DATE 02/07/2014	
Type or print name: DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE:432-687-7375	
For State Use Only	
APPROVED BY: Maley Strown TITLE Compliance ficer DATE 2/14/2014	
CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE	
24 HOURS prior to running the TA Pressure Test.	

FEB 1 8 2014