Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION			Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-36187	
District II – (575) 748-1285 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Leas	se
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		6. State Oil & Gas Leas	FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			0. State On & Gas Leas	ie 140.
SUNDRY NO	FICES 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 BACKSTOCD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			TRINITY BURRUS ABO	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTOR			8. Well Number 007 🖌	
2. Name of Operator			9. OGRID Number 4323	
CHEVRON U.S.A. INC. 3. Address of Operator	/	RECEIVED	10. Pool name or Wildo	at
15 SMITH ROAD, MIDLAND,	TEXAS 79705	HECKINES	TRINITY; WOLFCAM	Р
4. Well Location Unit Letter: C 330 feet from NORTH line and 2310 feet from the WEST line				
Unit Letter: C 330 f Section 27	Township 12S	Range 38E		ty LEA
	11. Elevation (Show whether DR			
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				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JO			and the second	DA 🗌
CLOSED-LOOP SYSTEM]	OTHER: RE-RA	N CHART FOR ANNUAL M	ЛІТ
 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. 				
proposed completion of recompletion.				
10/01/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 610 PSI FOR 30 MINUTES. (COLOR COPY OF CHART ATTACHED). GOOD TEST.				
ATTACILED). 000D ILST.				
Spud Date:	Rig Release D	ate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Aug Parting				
SIGNATURE MATCHEDIN TITLE REGULATORY SPECIALIST DATE 10/02/2015				
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375 For State Use Only				
APPROVED BY: <u>Selfernanch</u> TITLE Staff Manager DATE 10/9/15 Conditions of Approval (if any):				
				el.
				C.A.
			OCT 1 8 201	e qu
				V

OCT 1 8 2015

