

HOBBS OCD
MAY 17 2016
RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-03108

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

HOBBS N STATE

8. Well Number 1

9. OGRID Number 4323

10. Pool name or Wildcat

VACUUM, BLINEBRY

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 ☒ Gas Well ☐ Other ☐2. Name of Operator
CHEVRON U.S.A. INC.3. Address of Operator
15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter: D 330 feet from NORTH line and 358 feet from the WEST line

Section 8 Township 18S Range 35E 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

E-PERMITTING <SWD INJECTION>

CONVERSION ☐ RBDMS MB ☒RETURN TO ☐ TA ☒CSNG ☐ ENVIRO ☐ CHG LOC ☐INT TO PA ☐ P&A NR ☐ P&A R ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER: TEMPORARILY ABANDON 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.

05/11/2016: NOTIFIED NMOCD. RAN CHART. PRESS TO 550 PSI FOR 30 MINUTES. (COLOR COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary
Abandonment Expires 5/11/2020

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

TITLE REGULATORY SPECIALIST

DATE 05/13/2016

Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

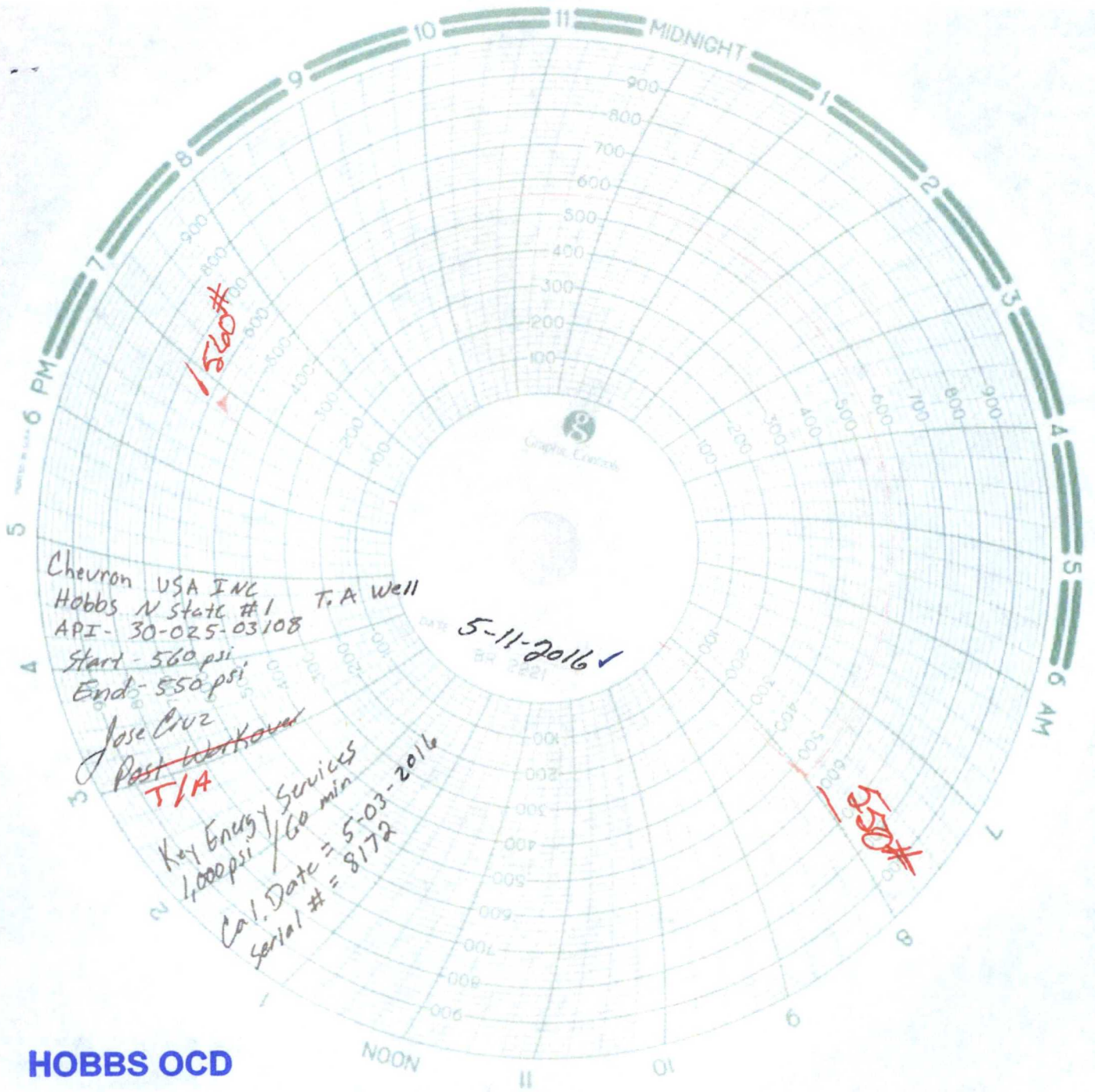
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



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