| Submit 1 Copy To Appropriate District Office District_1 - (575) 393-6161 Energy, Minerals and Natural | |
|---|--------------------------------------|
| District II - (575) 748-1283 | WELL API NO. |
| 811 S. First St., Artesia, NM 88210 BBS OIL CONSERVATION DIV | 3002323212 |
| 1000/Rio Brazos Rd., Aztec, NN 87410 District IV - (505) 476-3460 | j. indicate type of Lease |
| District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 17501 16 2017 Santa Fe, NM 8750 | 6. State Oil & Gas Lease No. |
| SUNDER FLORES 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 BACK TO CENTRAL DRINKARD UNIT |
| A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) PROPOSALS.) | o. Well Number |
| 1. Type of Well: Oil Well Gas Well Other | 409 |
| 2. Name of Operator CHEVRON U.S.A. | 9. OGRID Number 4323 |
| | |
| Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706 | 10. Pool name or Wildcat DRINAKRD |
| 4. Well Location | |
| Unit Letter_C_:_977_feet from the _N_ line and _2236_ feet from the _E_ line Section 28- Township 21-S Range 37-E 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: PERFORM REMEDIAL WORK | |
| 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: | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| SIGNATURE: DATE:June 8, 2017 | |
| Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 | |
| APPROVED BY: Law Polyman TITLE Coplain Office DATE 619-17 | |
| Conditions of Approval (if any): | |

