| Submit One Copy To Appropria Dass OCD  State of New Mexico Office District I  |  |
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| Submit One Copy To Appropria O State of New Mexico  | Form C-103                                     |
| State of New Mexico Office District I 1625 N. French Dr., Hobbs, NM 8824116 District II   | Revised November 3, 2011 WELL API NO.          |
| District II   | 30-025-33819                                   |
| District I 1625 N. French Dr., Hobbs, NM 88240  | 5. Indicate Type of Lease  STATE x FEE         |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.                   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |
| 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           | 7. Lease Name or Unit Agreement Name TCB State |
| PROPOSALS.)  1. Type of Well: x Oil Well Gas Well Other   | 8. Well Number 1                               |
| 2. Name of Operator   | 9. OGRID Number                                |
| CHEVRON USA INC   | 342 <del>5</del> 4323 /                        |
| 3. Address of Operator 6301 Deauville Blvd<br>Midland Tx, 79706   | 10. Pool name or Wildcat Blinebry Oil & Gas    |
| 4. Well Location Y Lat-32.533840 X Long -103.109130   |  |
| Unit Letter D: 990 feet from the N line and 330 feet from the W line  |  |
| Section 36 Township 20S Range 38E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |
| 3542  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |
|   | SEQUENT REPORT OF:                             |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR  | <del>_</del>                                   |
| PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN  | · · · · · · · · · · · · · · · · · · ·          |
|   |  |
| OTHER:    \times \text{Location is ready for OCD inspection after P&A}    All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. |  |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been   |  |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the  |  |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR   |  |
| <u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.   |  |
| FERMANENTET STAMFED ON THE MARKER S SORFACE.  |  |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and  |  |
| other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below groups.  | and level                                      |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with  |  |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, produced the operator's pit permit and closure plan.   | luction equipment and junk have been removed   |
| from lease and well location.  All metal bolts and other materials have been removed. Portable bases have been removed.   | oved (Poured onsite concrete bases do not have |
| to be removed.)   |  |
| All other environmental concerns have been addressed as per OCD rules.  |  |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.                                       |  |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well   |  |
| location, except for utility's distribution infrastructure.   |  |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection.  |  |
| 1 - CVX + C11 2/1/1/  |  |
| SIGNATURE / JANN MAN THE ENERTITLE / )  | DATE //2///8                                   |
| TYPE OR PRINT NAME Bryce Wagoner E-MAIL: ewir@chevron   | com PHONE: 928-241-1862                        |
| For State Use Only  |  |
| APPROVED BY: Kluy Futner TITLE maliance   | Officer A DATE 8-8-18                          |
| 7   |  |
|   |  |