Submit 1 Copy To Appropriate Distr Office	rict State of New Mexico	Form C-103
District I – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 882		WELL API NO. 30-025-41154
811 S. First St., Artesia, NM 88210	DIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE STATE
<u>District IV</u> – (505) 476-3460	<sup>410</sup> C C C C C C C C C C C C C C C C C C C	6. State Oil & Gas Lease No.
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NI 87505	at clear	
SUNDRY	NOCIES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR P	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A A APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	APPLICATION FOR PERMIT (FORM C-101) FOR SUCH	CENTRAL VACUUM UNIT
1. Type of Well: Oil Well	Gas Well Other INJECTION	8. Well Number #256
2. Name of Operator CHEVRON USA INC		9. OGRID Number 4323
3. Address of Operator		10. Pool name or Wildcat
1616 W. BENDER BLVD	HOBBS, NM 88240	VACUUM; GRAYBURG-SAN ANDRES
4. Well Location		• • • • • • • • • • • • • • • • • • • •
Unit Letter <u>F</u> : <u>1480</u> feet from the <u>NORTH</u> line and <u>1990</u> feet from the <u>WEST</u> line		
Section 36	Township 17S Range 34E NMPM	A County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
. <u></u> .	4005'GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WOR	K PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING		T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:		INUAL MIT TEST
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 USA INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.		
CHART ATTACHE		
*** NOTE THIS TEST IS FOR UIC ANNUAL TESTING***		
Spud Date:	Rig Release Date:	
		J
I hereby certify that the inform	nation above is true and complete to the best of my knowledge	e and belief.
I hereby certify that the inform		e and belief.
I hereby certify that the inform		e and belief.
· · ·	nation above is true and complete to the best of my knowledg	ge and belief.
· · ·		
signature	nation above is true and complete to the best of my knowledg	<u>ALIST</u> DATE <u>06/24/2020</u>
SIGNATURE Type or print name <u>CINDY HI</u>	nation above is true and complete to the best of my knowledg	<u>ALIST</u> DATE <u>06/24/2020</u>
Cudyler SIGNATURE Type or print name <u>CINDY HI</u> For State Use Only	nation above is true and complete to the best of my knowledg	<u>ALIST</u> DATE <u>06/24/2020</u>
SIGNATURE Type or print name <u>CINDY HI</u> For State Use Only APPROVED BY: XM	nation above is true and complete to the best of my knowledg	<u>ALIST</u> DATE <u>06/24/2020</u>
Cudyler SIGNATURE Type or print name <u>CINDY HI</u> For State Use Only	nation above is true and complete to the best of my knowledg	ALISTDATE <u>06/24/2020</u> <u>Chevron.com</u> PHONE: <u>575-263-0431</u>
SIGNATURE Type or print name <u>CINDY HI</u> For State Use Only APPROVED BY: XM	nation above is true and complete to the best of my knowledg	ALISTDATE <u>06/24/2020</u> <u>Chevron.com</u> PHONE: <u>575-263-0431</u>



