

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Received NMOCD 11/13/20

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-24307	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT	
8. Well Number #30	
9. OGRID Number 4323	
10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION	
2. Name of Operator CHEVRON USA INC	
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND TX 79706	
4. Well Location Unit Letter <u>K</u> : <u>2630</u> feet from the <u>SOUTH</u> line and <u>2630</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>18S</u> Range <u>34E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>MIT REPAIR WITH CHART</u> <input checked="" type="checkbox"/>	

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 REPAIRED THE ABOVE WELL.

11/10/2020 TEST CASING TO 518 PSI FOR 35 MINUTES.

ORIGINAL MIT CHART, BRADENHEAD TEST AND COPY ATTACHED

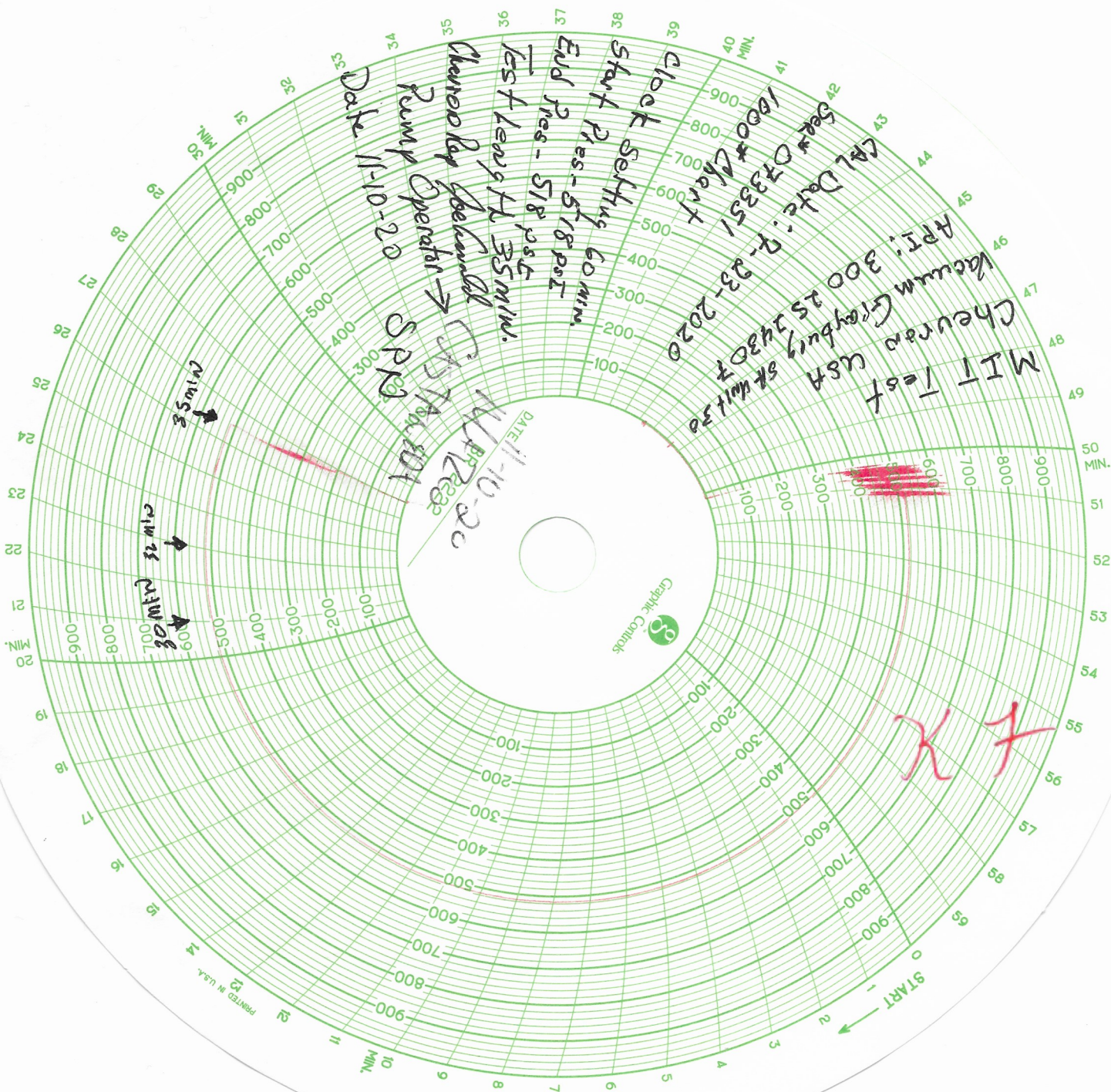
Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cindy Herrera-Murillo TITLE SENIOR HSE REGULATORY AFFAIRS COOR. DATE 11/10/2020

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431
For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/10/20
Conditions of Approval (if any):



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Chevron USA		API Number 3002524307
Property Name Vacuum Graybury SA unit		Well No. 30

1. Surface Location

UL - Lot K	Section 2.0	Township 18S	Range 34E	Feet from 2630	N/S Line South	Feet From 2630	E/W Line West	County Lea
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 11-10-20
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure		N/A	N/A	0	0
Flow Characteristics					
Puff	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	CO2 _____ WTR _____ GAS _____ Type of Field Injected for Waterflood if applies
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	
Surges	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	
Water	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

D.

Signature: <i>Joe Arnold</i>		OIL CONSERVATION DIVISION	
Printed name: Joe Arnold		Entered into RBDMS	
Title: WSR		Re-test	
E-mail Address: Joe Arnold		X F	
Date: 11-10-20	Phone: 832 459 7910		
Witness			

INSTRUCTIONS ON BACK OF THIS FORM