| Submit One Copy To Appropriate District Office   | State of New Mexico                              |                     | Form C-103  |
|--|--|---------------------|---|
| <u>District 1</u><br>1625 N, French Dr., Hobbs, NM 88240<br>District H   | Energy, Minerals and Natural Resources           |                     | Revised November 3, 2011  WELL API NO 30-025-33434      |
| 811 S. First St., Artesia, NM 88210<br>District III  | OIL CONSERVATION<br>1220 South St. Fra           |                     | 5. Indicate Type of Lease STATE FEE                     |
| 1000 Rio Brazos Rd, Aztec, NM 87410<br><u>District IV</u><br>1220 S. St, Francis Dr., Santa Fc, NM   | Santa Fe, NM 87505                               |                     | 6. State Oil & Clas Lease No.                           |
| 87505  | AND REPORTS ON WELLS                             | 5                   | 7. Lease Name or Unit Agreement Name                    |
| (IX) 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.)   |  |                     | New Mexico N State                                      |
| 1. Type of Well: Oil Well Gas  | Type of Well: Oil Well Gas Well Other: Injection |                     | 8. Well Number: 10                                      |
| 2. Name of Operator<br>Chevron USA Inc.  | HOE3S O  | CD D                | 9. OGRID Number   |
| 3. Address of Operator<br>15 Smith Road Midland, TX 79705  | JUN 06 20  | 113                 | 10. Pool name or Wildeat Vacyon Indian Basin Upper Penn |
| 4. Well Location   |  |                     |   |
| Unit Letter M: 800 feet from the South line and 610-feet from the West line  Section: 30 Township: 17-S Range: 35-E NMPM: County: Lea  |  |                     |   |
| 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 INTER  |  | SUB<br>REMEDIAL WOR | SEQUENT REPORT OF:                                      |
| TEMPORARILY ABANDON  |  | ILLING OPNS P AND A |   |
| PULL OR ALTER CASING MI  | JLTIPLE COMPL                                    | CASING/CEMEN        | T JOB   |
| OTHER:   |  |                     |   |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  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/QUAR FER LOCATION OR   |  |                     |   |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN VELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.   |  |                     |   |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of a lijunk, trash, flow lines and   |  |                     |   |
| other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.   |  |                     |   |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remet iated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow-lines, production 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. (Poured ons te 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.   |  |                     |   |
| TYPE OR PRINT NAME BILL BECK E-MAIL: WBDS@ CHEVAGE. COM PHONE: 575-390-14/2  |  |                     |   |
| TYPE OR PRINT NAME BILL BECK E-MAIL: WBDS@ CHEVAGE. COM PHONE: 575-380-14/2  |  |                     |   |
| For State Use Only  A A A A A A A A A A A A A A A A A A A  |  |                     |   |
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| Conditions of Approval (if any): U   |  |                     |   |
|  |  |                     | JUN 18 2013   |
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