

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

Form C-103  
Revised July 18, 2013

**HOBBS OCD**

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

**APR 18 2016**

|   |   |
|---|---|
| WELL API NO.<br>3002526787  | ✓ |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | ✓ |
| 6. State Oil & Gas Lease No.<br>857943  |   |
| 7. Lease Name or Unit Agreement Name<br>CENTRAL Vacuum UNIT   | ✓ |
| 8. Well Number<br>143   | ✓ |
| 9. OGRID Number<br>4323   |   |
| 10. Pool name or Wildcat<br>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 ☐ Gas Well ☐ Other ☒ injection

2. Name of Operator  
CHEVRON U.S.A. ✓

3. Address of Operator  
15 SMITH ROAD MIDLAND, TX 79705

4. Well Location

Unit Letter A: 1310 feet from the NORTH line and 50 feet from the East line  
Section 6 Township 18S Range 35E 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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☒ Intent to Repair

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

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.

The subject well failed the Annual MIT, Plans are to repair the well and bring it back into compliance.

Spud Date:

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

SIGNATURE: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: April 11, 2016

Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617

For State Use Only

APPROVED BY: Mary Brown TITLE: Dist Supervisor DATE: 4/19/2016  
Conditions of Approval (if any):

**Per Underground Injection Control Program Manual**  
**11.6 C Packer shall be set within or less than 100**  
**feet of the uppermost injection perfs or open hole.**

**Condition of Approval: notify**  
**OCD Hobbs office 24 hours**  
**prior of running MIT Test & Chart**

**APR 21 2016**

*cut*