

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-06920
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT ✓
8. Well Number #135 ✓
9. OGRID Number 4323 ✓
10. Pool name or Wildcat DRINKARD

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 INJECTOR
2. Name of Operator CHEVRON USA INC ✓
3. Address of Operator 1616 W. BENDER BLVD HOBBS, NM 88240
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>EAST</u> line ✓ Section <u>31</u> Township <u>21S</u> Range <u>37E</u> NMPM County <u>LEA</u>
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input checked="" type="checkbox"/>	OTHER: MIT REPAIR/CHART ATTACHED <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 SUBJECT WELL.

07/18/2016 FIXED AND REPAIRED CORROSION ON INTERMEDIATE CASING.

07/22/2016 TEST CASING TO 540 PSI FOR 30 MINUTES. WITNESSED BY GEORGE BOWER/NMOCD
ORIGINAL MIT CHART SENT TO NMOCD ON 07/27/2016. A COPY OF MIT CHART 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 PERMITTING SPECIALIST DATE 11/28/2016

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

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 12/5/2016

Conditions of Approval (if any):

RBDMS - CHART ✓

PERFORMING BRADENHEAD TEST

General Procedure for

Identify:

Gai

to te

STARTED AT 6 PM

In abs

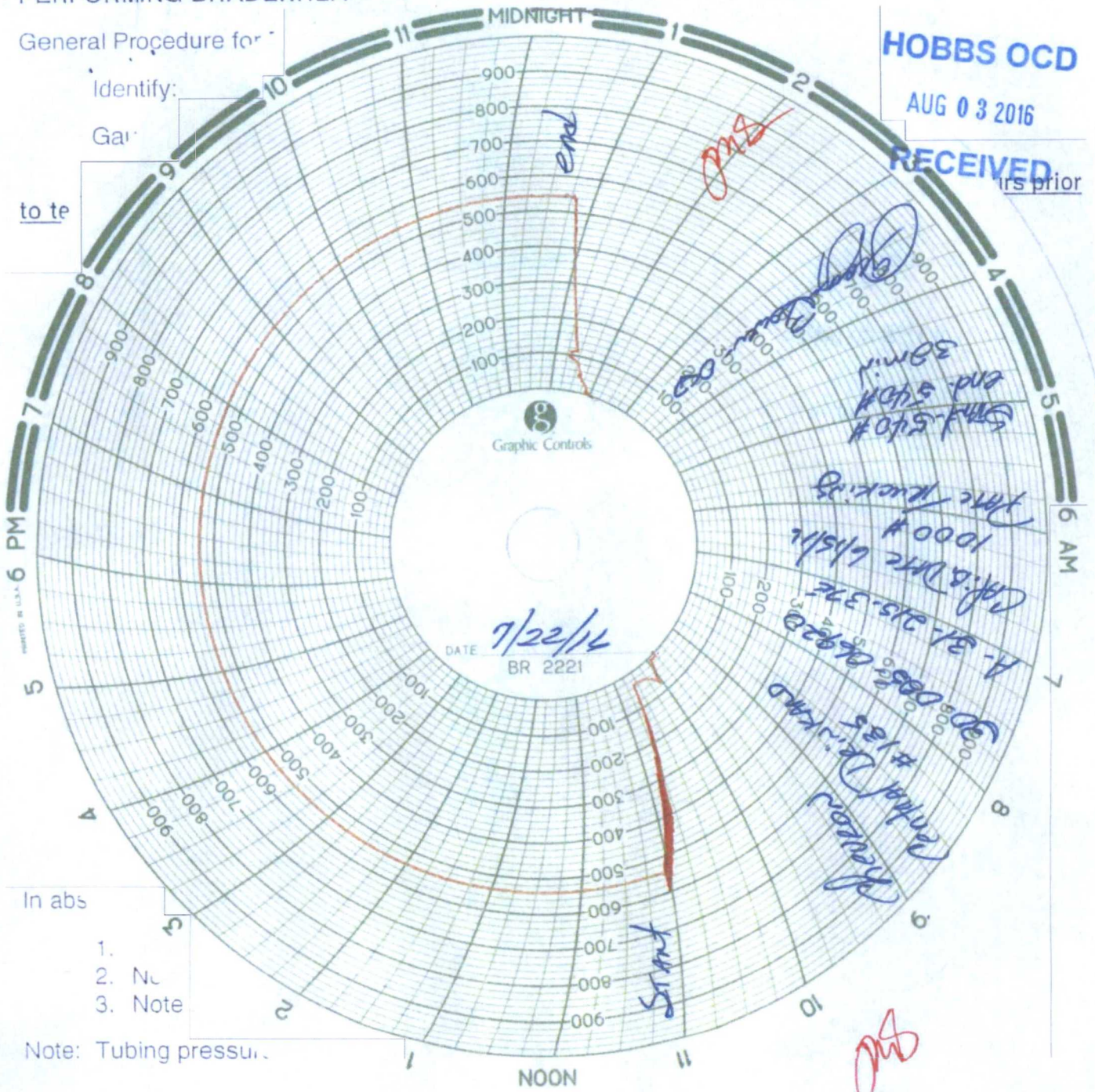
- 1.
2. No
3. Note

Note: Tubing pressure

HOBBS OCD

AUG 03 2016

RECEIVED
irs prior



Test will be signed by person performing test with a contact phone number.

HOBBS OCD

DEC 05 2016

RECEIVED