Submit 1 Copy To Appropriate District Office Form C-103 State of New Mexico District I - (575) 393-6161 Revised July 18, 2013 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION 3002527969 District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 5. Indicate Type of Lease Santa Fe, NM 87505 District IV - (505) 476-3460 STATE 🖂 FEE 1220 S. St. Francis Dr., Santa Fe, NM 87505 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A **CENTRAL VACUUM UNIT** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other 159 2. Name of Operator 9. OGRID Number **CHEVRON U.S.A.** 4323 10. Pool name or Wildcat 3. Address of Operator **6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM G/B SAN ANDRES** 4. Well Location Unit Letter_D_:_1310_feet from the _N_ line and _100_ feet from the _W_ line **∠**Section Township 17-S Range 34-E **NMPM** 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING P AND A TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: ANNUAL MIT TEST 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. CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL. CHART ATTACHED. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE: **REGULATORY ASSISTANT** DATE: ____December 20, 2017__ Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 For State Use Only

er TITLE Supliance Officer DATE 1/4/18

APPROVED BY

Conditions of Approval (if any