

HOBBS OCD

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

FEB 20 2018

WELL API NO. 3002531896
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST TEAS YATES SEVEN RIVERS
8. Well Number 921
9. OGRID Number 4323
10. Pool name or Wildcat TEAS, YATES 7-RVRS WEST
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

RECEIVED
SUNDAY, FEBRUARY 18, 2018
(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 <input checked="" type="checkbox"/> <i>FW</i>
2. Name of Operator CHEVRON U.S.A.
3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706
4. Well Location Unit Letter <i>C</i> : 330 feet from the <i>N</i> line and 2310 feet from the <i>W</i> line Section 9 Township 20S Range 33E 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:	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"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: ANNUAL MIT TEST <input checked="" type="checkbox"/>
OTHER: <input 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 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

Spud Date:

Rig Release Date:

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

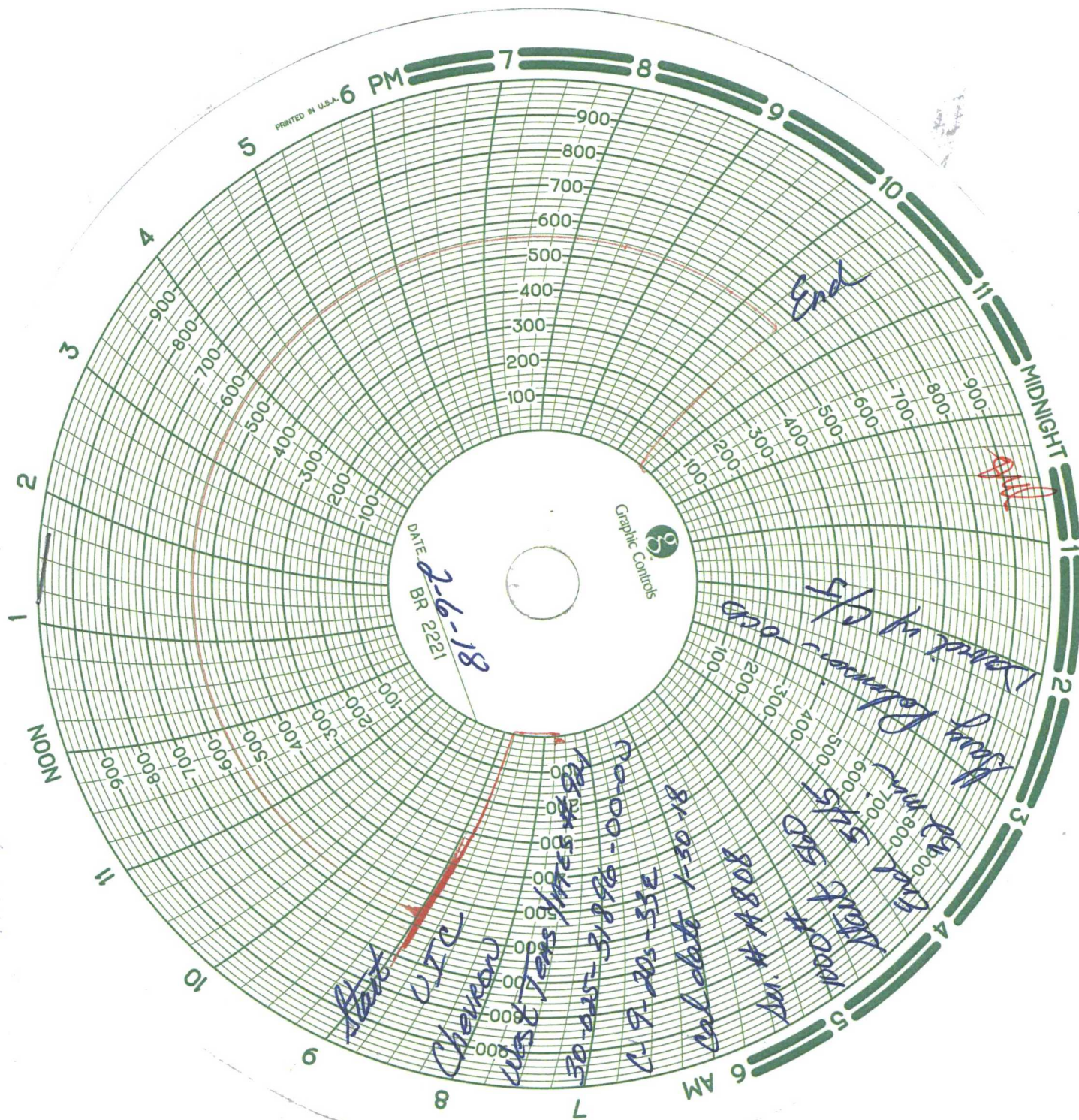
SIGNATURE: *Adriann Garcia* TITLE: REGULATORY ASSISTANT DATE: February 14, 2018

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

For State Use Only

APPROVED BY: *Adriann Garcia* TITLE: Compliance Officer DATE: 2/21/18

Conditions of Approval (if any):



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