Submit 1 Copy To Appropriate District Office Form C-103 State of New Mexico <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 Revised July 18, 2013 Energy, Minerals and Natural Resources Disrict II - (575) 748-1283 WELL API NO. 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 OIL CONSERVATION DIVISION 3002527967 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 5. Indicate Type of Lease STATE 🛛 FEE 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 POSACK CENTRAL VACUUM UNIT TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM CONTINUED) FOR SUCH PROPOSALS.) 8. Well Number 157 1. Type of Well: Oil Well Gas Well Other INJ 2. Name of Operator **OGRID Number** CHEVRON U.S.A. 4323 3. Address of Operator 10. Pool name or Wildcat 6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM GRAYSBURG SA 4. . Well Location Unit Letter M: 1150 feet from the SOUTH line and 75 feet from the WEST line Township 17 S Section Range 34E **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 PLUG AND ABANDON ALTERING CASING REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON PANDA MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: ANNUAL MIT TEST 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: TITLE: REGULATORY ASSISTANT

For State Use Only

APPROVED BY: Conditions of Approval (if any):

Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

TITLE Complemen Officer Spenson

5/15/18

