Submit 1 Copy To Appropriate District Office <u>District 1</u> ~ (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

State of New Mexico

Form C-103

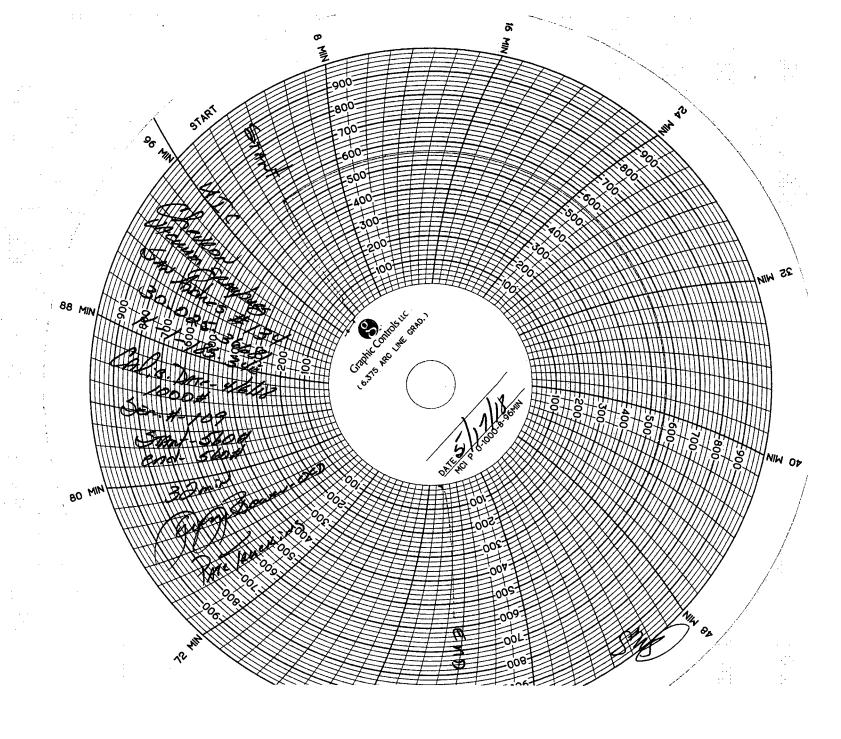
Energy, Minerals and Natural Resources Revised July 18, 2013 WELL API NO. OIL CONSERVATION DIVISION 1220 South St. Francis S OCD Santa Fe, NATOR DIVISION 3002536681 District IV -- (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 JUN 2 2 2018 5. Indicate Type of Lease STATE 🛛 FEE 6. State Oil & 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 PLUG BACK VACUUM GRAYBURG SA UNIT TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 134 Gas Well ☐ Other ☒ INJ 1. Type of Well: Oil Well 2. Name of Operator 9. OGRID Number CHEVRON U.S.A. 4323 3. Address of Operator 10. Pool name or Wildcat 6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM GRAYBURG SA 4. . Well Location Unit Letter K: 2630 feet from the SOUTH line and 1980 feet from the WEST line 1 Township 18 S 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 REMEDIAL WORK \Box ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL 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 i	s true and complete to the best of my knowledge and belief	f.
SIGNATURE: JWIN JONS	TITLE: REGULATORY ASSISTANT	DATE: 6/19/2018
Type or print name: Jessica Jones F-mail a	ddress: iizi@chevron.com PHONE: 432,687,7575	

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er DATE 6/22/1V



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