

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

HOBBS OCD  
JUL 16 2018  
RECEIVED

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.)		WELL API NO. 30-025-30104
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WAG INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON USA INC		6. State Oil & Gas Lease No.
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
4. Well Location Unit Letter <u>A</u> : 90 feet from the <u>NORTH</u> line and <u>706</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number <u>242</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4005' KB		9. OGRID Number <u>4323</u>
		10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

THE SUBJECT WELL FAILED ITS MIT. PLAN TO PERFORM WORKOVER TO RESTORE MECHANICAL INTEGRITY AND RETURN TO INJECTION.

1. MIRU, NDWH, NU BOPE
2. POOH WITH ALL INJECTION EQUIPMENT
3. TEST CASING, REPAIR IF LEAK
4. RE-RUN INJECTION EQUIPMENT
5. NOTIFY NMOC to WITNESS PRESSURE TEST OF CASING AND CHART
6. FILE SUBSEQUENT REPORT WITH MIT CHART TO NMOC

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

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 07/12/2018

Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Mary Brown TITLE AO/I DATE 7/16/2018  
Conditions of Approval (if any)