| Submit 1 Copy To Appropriate District State of New Mexico  | Form C-103                                       |  |
|--|--|--|
| District I – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240<br>Energy, Minerals and Natural Resources   | Revised July 18, 2013<br>WELL API NO.            |  |
| $\frac{\text{District II}}{\text{CONSERVATION}} = \frac{1}{2} \frac{1}{2}$ | 30-025-25706                                     |  |
| 811 S. First St., Artesta 100 88210 S OCOIL CONSERVATION DIVISION<br>District III – (505) 334-6178 1220 South St. Francis Dr.  | 5. Indicate Type of Lease                        |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | STATE     FEE       6. State Oil & Gas Lease No. |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  | o. State on te Gas Lease No.                     |  |
| 87505  | 7. Lease Name or Unit Agreement Name             |  |
| SENDEX FOURCES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  | CENTRAL VACUUM UNIT                              |  |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION   | 8. Well Number #43                               |  |
| 2. Name of Operator  | 9. OGRID Number                                  |  |
| CHEVRON USA INC  | 4323   |  |
| 3. Address of Operator   | 10. Pool name or Wildcat                         |  |
| 1616 W. BENDER BLVD HOBBS, NM 88240  | VACUUM; GRAYBURG; SAN ANDRES                     |  |
| 4. Well Location   |  |  |
| Unit Letter A: 35 feet from the <u>NORTH</u> line and <u>127</u> feet from the <u>EAST</u> line  |  |  |
| Section       36       Township       17S       Range       34E       NMPM       County       LEA         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       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   |  |  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI  |  |  |
| PULL OR ALTER CASING D MULTIPLE COMPL CASING/CEMEN   | Т ЈОВ 🔲  |  |
|  |  |  |
|  | AIR WELL/MIT CHART                               |  |
| 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.  |  |  |
| proposed completion of recompletion.   |  |  |
| CHEVRON USA INC HAS REPAIRED THE ABOVE WELL AS FOLLOWS:  |  |  |
|  |  |  |
| 11/02/2018 MIRU KEY 6088, CHECK SI PRESSURES. MIRU YJ WL. GR RUN AND SET PP, TEST SAME, PULL PP.<br>11/03/2018 KILL WELL, BLEED OFF FLOWLINE, ND WHD, NU/ TEST BOP.  |  |  |
| 11/05/2018 UNSET PACKER AT 4254'. TOH/LD PROD TUBING AND PACKER. PU/TIH 3 ½" PACKER AND PLUG ON  |  |  |
| 1 1/16" L80 CS HYDRILL. SET AT 4250'.  |  |  |
| CONTINUED ON NEXT PAGE ORIGINAL MIT CHART AND A COPY ATTACHED.   |  |  |
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| [  |  |  |
| 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 Circly Horner-Mwello TITLE PERMITTING SPECIALIST DATE 11/12/2018   |  |  |

Type or print name <u>CINDY HERRERA-MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u>

| APPROVED BY: Malu Show Title_    | AO/I | DATE 11/15/2018 |
|----------------------------------|------|-----------------|
| Conditions of Approval (if any): |      |                 |

## **REPAIR PROCEDURE**

**11/06/2018** 950 PSI TUBING, 0 PSI CASING, BLEED WELL DOWN TO 0 PSI, PUMP 10 BPW DOWN TUBING, TEST CASING FROM 2411' TO 500 PSI (GOOD TEST). RELEASE PACKER, TRICKLE DOWN CASING, PU 61 JOINTS AND SET PACKER @ 4244'. TEST CASING TO 500 PSI (GOOD TEST). TOH LD WS AND PACKER. PU 2 7/8" BIT AND 154 JOINTS, TAG PBTD. (4278'). TOH LD 14 JOINTS TO GET ABOVE PERFS. SDFN.

**11/07/2018** BLEED WELL DOWN, TOH LD WS. LD BIT. MOVE OUT WS. RACK AND TALLY 2 1/16" L80 TK99 TUBING. PU 3 ½' MAVERICK AS 1X PACKER W/PUMP- OUT- PLUG AND T2 ON/OFF W/ 1.25" F PROFILE. PU 136 JOINTS TUBING. SET PACKER. LOAD TUBING AND TEST TO 1500 PSI FOR 10 MINUTES (GOOD TEST). TEST CASING TO 500 PSO FOR 10 MINUTES (GOOD TEST). RELEASE ON-OFF. CIRCULATE 50 BBW WITH PACKER FLUID. SDFN

**11/08/2018** INSTALLED AND LAND HANGER. SET W/4K COMPRESSION. INSTALL BPV. ND BOP NU INJ TREE. TEST VOID TO 1000 PSI FOR 15 MINUTES. (GOOD TEST). PERFORMED MIT TEST /TESTED CASING TO 570 PSI, WITNESSED BY KERRY FORTNER/NMOCD. BLOW OUT PUMP-OUT -PLUG. RDMO.



