Submit 1 Copy To Appropriate District Office State of New Mexico Form C-103 <u>District I</u> ~ (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 Revised July 18, 2013 Energy, Minerals and Natural Resources District II - (575) 748-1283 WELL API NO. 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 31870 OIL CONSERVATION DIVISION 30-025-31780-1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLAND ORM FOR PROPOSALS TO DRILL OR TO DECENTED TO SERVOIR. USE "APPLICATION TO 1220 South St. Francis Dr. 5. Indicate Type of Lease <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 STATE 🛛 6. State Oil & Gas Lease No. BACK VACUUM GLORIETA WEST UNIT SUNDRY NOTICES AND REPORTS ON WELL 100 OF PLOS BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMS 101) FQR. 101 SUCH PROPOSALS.) 7. Lease Name or Unit Agreement Name 1. Type of Well: Oil Well Gas Well ☐ Other ☑ INJ 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 GLORIETA SA 4. Well Location Unit Letter A: 328 feet from the NORTH line and 1214 feet from the EAST line Section 35 Township 17 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 ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING 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. __ TITLE: REGULATORY ASSISTANT Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

TITLE Constrain Office ADATE 5-10-19

For State Use Only

Conditions of Approval (if any

