Submit 1 Copy To Appropriate District Office <u>District</u>] - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District</u> II - (575) 748-1283 811 S. First St., Artesia, NM 88210 (575) 324 6178

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

WELL API NO.

istrict III - (505) 334-6178 OIL CONSERVATION DIVISION		30-025-31810	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	1220 South St. Francis Dr.		5. Indicate Type of Lease
1220 S. St. Francis Dr., Santa Fe, NM 87505	Fe, NM 87505 Santa Fe, NM 87505		STATE 🖾 FEE 🗌
			6. State Oil & Gas Lease No. B-2146-6
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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR		VACUUM GLORIETA WEST UNIT	
SUCH PROPOSALS.)		8. Well Number	
1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ INJ		93	
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 E: 1723 feet from the SOUTH line and 1575 feet from the WEST line			
Section 36 Township 17 S Range 34E NMPM County LEA			
	11. Elevation (Show whether DR, Rf 3998	KB, RT, GR, etc.)	
L			
 Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
			☐ ALTERING CASING ☐
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER: OTHER: ANNUAL		MII IESI	
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: JIMIN JUNX TITLE: REGULATORY ASSISTANT DATE: 4/50/2019			
SIGNATURE. O WITE OF THE SIGNATURE ASSISTANT DATE.			
Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575			
For State Use Only			
ADDROVED BY: Have Inter TITLE Completion of Min. Ante Con 0-19			
APPROVED BY: Kerry Inte TITLE Compliance Office BATE 5-20-19 Conditions of Approval (if agy):			

