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Submit One Copy To Appropriate District	State of New Mexi		Form C-103
Office	State of New Mexi Energy, Minerals and Natural	1 Decourated.	Revised November 3, 2011
District I	Energy, witherars and Natura	WEI	PARI NO
1625 N. French Dr., Hobbs, NM 88240 District II		<b>A</b>	25-24312
811 S. First St., Artesia, NM 88210	OIL CONSERVATION D		23-24812
District III	1220 South St. Franci	is Dr 5.4f	ndicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Courte Co. NIM 975	05	STATE FEE
District IV Santa Fe, NIVI 8/303		US S	tate Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		•	
87505			
	S AND REPORTS ON WELLS		ease 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 SUCH			CUUM GRAYBURG SAN ANDRES
PROPOSALS.)	ON FOR PERMIT" (FORM C-101) FOR	UNI	Τ
1. Type of Well: Oil Well Gas Well Other		8. V	/ell Number
1. Type of well. Moli well das well doubt			
2. Name of Operator		9.0	GRID Number
Chevron U.S.A Inc.		4323	
	<u> </u>		Pool name or Wildcat
3. Address of Operator		<b>I</b>	
6301 Deauville Blvd., Midland, TX 79	706	VAC	CUUM; GRAYBURG-SAN ANDRES
4. Well Location:			
Unit Letter J: 2630 feet from the SOUTH line and 2630 feet from the EAST line			
<u> </u>			
Section 01 Township 18-S Range 34-E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4	011'GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Balli			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPORARILY ABANDON			
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   .			
			•
OTHER:			
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
23 / Steel market at least 4 in diameter and at least 4 above ground level has been set in constitute. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR			
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
			AS BEEN WELDED OR
PERMANENTLY STAMPE	<u>D ON THE MARKER'S SURFA</u>	<u>ICE.</u>	
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and			
other production equipment.			
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
☑ If this is a one-well lease or last ren	naining well on lease, the battery a	and pit location(s) have	been remediated in compliance with
			equipment and junk have been removed
from lease and well location.	- Pro Position and Grand Press.	, , , , , , , , , , , , , , , , , , ,	
	ave been removed. Portable base	s have been removed (I	Poured onsite concrete bases do not have
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)			
All other environmental concerns have been addressed as per OCD rules.  Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
	abandoned in accordance with 19.	15.35.10 NMAC. All f	luids have been removed from non-
retrieved flow lines and pipelines.			
☑ If this is a one-well lease or last ren	naining well on lease: all electrical	I service poles and lines	have been removed from lease and well
location, except for utility's distribution	infrastructure.		
, .			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
•			
SIGNATURE Katherine Papageorge TITLE Decommissioning Project Manager DATE 5.2.19			
ordinations / woodense / wy and or			
TYPE OR PRINT NAMEKatherine Papageorge_E-MAIL: _Katherine.Papageorge@chevron.com PHONE:832-854-5291			
TIPE OR PRINT INAINE Natherine Papageorge_E-MAILNatherine.Papageorge@chevion.com Prione632-634-3291			
APPROVED BY: POR REAL STATE AND TITLE AND TITLE AND THE 6-14-19			
1/ W V D a 22 - 4/01			
ADDDOVED DV: II . AF X . C	r malal Title (	1 1 1/ 4·	