Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

| District II - (575) 748-1283 | 3 , | | WELL API NO. |
|--|--|------------------------|--------------------------------------|
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATIO | NI DIVISIONI | 30-025-03837 |
| District III - (505) 334-6178 | 0 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. | | |
| District IV - (505) 476-3460 | | | 5. Indicate Type of Lease |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa Fe, NM | 87505 | STATE STATE |
| | | | 6. State Oil & Gas Lease No. |
| | | | |
| SUNDRY NOTICE | S AND REPORTS ON WELLS | S | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPO | SALS TO DRILL OR TO D | EN OR PLUG BACK | LOVINGTON SA UNIT |
| TO A DIFFERENT RESERVOIR. USE "AI | PLICATION FOR PERMIT" (F | F O C-101) FOR | |
| SUCH PROPOSALS.) | | -00° | 8. Well Number |
| SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPO TO A DIFFERENT RESERVOIR. USE "AI SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas We 2. Name of Operator | ell 🔲 Other 🖾 INJ 🛮 🚜 | //a . Oo | 31 |
| 2. Name of Operator | | 12 | 9. OGRID Number |
| CHEVRON MIDCONTINENT, L.P. | TEC | 2010 | |
| | | A . "3" | 100 5 1 100 100 |
| 3. Address of Operator | 70700 | VA. | 10. Pool name or Wildcat |
| 6301 DEAUVILLE BLVD MIDLAND, TX 7 | 9706 | ENED CO | LOVINGTON GRAYBURG SA |
| 4. Well Location | | | |
| Unit Letter C: 660 feet from the | NORTH line and 1980 feet fro | om the WEST line | |
| Section 1 Township 17 S Range 36E NMPM County LEA | | | |
| 1 | 1. Elevation (Show whether D | OR, RKB, RT, GR, etc.) | |
| | | | |
| | | | |
| 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 C | HANGE PLANS | COMMENCE DRII | LLING OPNS. T P AND A T |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | |
| DOWNHOLE COMMINGLE | | | |
| <u>=</u> | | | |
| CLOSED-LOOP SYSTEM | | | A NT TEAT |
| OTHER: OTHER: ANNUAL MIT TEST | | | MILLEST |
| | | | |
| 12. Describe proposed or completed exerctions. (Clearly state all particent details, and give portinent dates including estimated date of | | | |
| 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** | | | |
| PLEASE NOTE THIS TEST IS FOR DIC ANNUAL TESTING | | | |
| | | | |
| | | | |
| Spud Date: | Rig Release Da | ate. | |
| Space Bate. | Tilg Nelcase Di | ato. | |
| | | • | |
| | | | |
| I hereby certify that the information above | is true and complete to the b | est of my knowledge an | d belief. |
| | | | v 1 |
| SIGNATURE: JUNE JINY TITLE: REGULATORY ASSISTANT DATE: 8 4 19 | | | |
| SIGNATURE: JUMA MY TITLE: REGULATORY ASSISTANT DATE: 8 4 19 | | | |
| Time as print name, legaled legal Empil address, ii-i@sharran assa. DHONE, 400 607 7575 | | | |
| Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575 | | | |
| For State Use Only | | | |
| W. 1. 6001 0 2 VIG | | | |
| APPROVED BY: Say folosio TITLE Corphain Office DATE 8-2819 | | | |
| Conditions of Approval (if any): | | | |
| | | | |

