Submit 1 Copy To Appropriate District Office State of New Mexico Form C-103 District I - (575) 393-6161 1625 N, French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources Revised July 18, 2013 District II - (575) 748-1283 WELL API NO. 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 UISITICI III - (505) 334-6178
1000 Rio Brazos Rd., Azlec, NA BBS
District IV - (505) 476-34-100 BBS
1220 S. St. Francis Dr., Janua Fe, NM 87505 OIL CONSERVATION DIVISION 30-025-25723 1220 South St. Francis Dr. 5. Indicate Type of Lease Santa Fe, NM 87505 STATE 🛛 FEE AUG 1 2 2019 6. State Oil & Gas Lease No. 29923 SUNDRY NOTE S AND REPORTS ON WELLS

(DO NOT USE THIS FOLL GOT PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR 7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well ☐ Other ☒ INJ 57 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 GRAYSBURG SA 4. Well Location Unit Letter B: 1310 feet from the NORTH line and 1330 feet from the EAST line Section Township Range **NMPM** County LEA 17 S 34E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3979' GL 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 Ш **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. **CHANGE PLANS** P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB 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. SIGNATURE: \ TITLE: REGULATORY ASSISTANT Type or print name: Jessica Jones E-mail address: jizi@chevron.com PHONE: 432-687-7575

TITLE Corplance Office

For State Use Only

Conditions of Approval (f any):

