

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OGD  
SEP 09 2019  
RECEIVED

|  |  |
|--|--|
| WELL API NO.<br><b>30-02503887</b>   |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>  |  |
| 6. State Oil & Gas Lease No.   |  |
| 7. Lease Name or Unit Agreement Name<br><b>CENTRAL VACUUM UNIT</b>   |  |
| 8. Well number<br><b>11</b>  |  |
| 9. OGRID Number<br><b>4323</b>   |  |
| 10. Pool name or Wildcat<br><b>LOVINGTON UPPER SA WEST</b>   |  |
| 4. Well Location<br><b>Unit Letter H: 1980 feet from the NORTH line and 660 feet from the EAST line<br/>Section 5 Township 17-S Range 36-E NMPM County LEA</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ INJ

2. Name of Operator  
**CHEVRON U.S.A.**

3. Address of Operator  
**6301 DEAUVILLE BLVD MIDLAND, TX 79706**

4. Well Location  
**Unit Letter H: 1980 feet from the NORTH line and 660 feet from the EAST line  
Section 5 Township 17-S Range 36-E 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: **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: Jessica Jones TITLE: REGULATORY ASSISTANT DATE: 8/30/19

Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

For State Use Only

APPROVED BY: Gary Robinson TITLE: Assistant Officer DATE: 9-9-19  
Conditions of Approval (if any):

