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 OIL CONSERVATION DIVISION 1220 South St. Francis 30-025-03910 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 5. Indicate Type of Lease Santa Fe STATE 🛛 FEE SUNDRY NOTICES AND REPORTS ON WELDER OF PROPOSALS TO DRILL CO. 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (2014) C-10 WEST LOVINGTON UNIT SUCH PROPOSALS.) 8. Well number 1. Type of Well: Oil Well Gas Well ☐ Other ☑ INJ 45 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 LOVINGTON UPPER SA WEST 4. Well Location UNIT LETTER B: 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE SECTION 8 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: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A **TEMPORARILY ABANDON** П MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: 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.		Nig Nelease Date.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE: J	lwip Jonx	TITLE: REGULATO	ORY ASSISTANT	DATE:	8/30/19	

Dia Dalagga Data

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

For State Use Only APPROVED BY: Conditions of Approval (if any):

Could Date

TITLE Corplinie Office DATE 9-9-19

_____ TITLE: REGULATORY ASSISTANT

