Submit 1 Copy To Appropriate District Office	State of New Mexico				Form C-103
<u>District I</u> – (575) 393-6161	En analy Missingle and Matural Description			Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240	N. French Dr., Hobbs, NM 88240 <u>1. 11</u> – (575) 748-1283 OIL CONSERVATION DIVISION			WELL API NO. 30-025-24955	
811 S. First St., Artesia, NM 88210				5. Indicate Type of	flesse
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	
District IV - (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas	Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease 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				State FQ Gas Com	-
PROPOSALS.)					
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other				8. Well Number 1	
2. Name of Operator				9. OGRID Number	
Chevron USA Inc. 3. Address of Operator				4323 10. Pool name or Wildcat	
6301 Deauville Blvd., Midland, TX 79706				TO: TOOT Hame OF	nucat
4. Well Location					
Unit Letter N :	660 feet from the	SOUTH	H line and 1.9	80 feet from the	WEST line
Section 26	Township		Range 34E	NMPM	County LEA
	11. Elevation (Show whe		¥		
	3,441' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	TENTION TO			SEQUENT REP	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR					
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMEN				Т ЈОВ 🔲	<b>A</b>
					B
OTHER: I Construction after P&A I 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 and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
ORDATOR NAME A DAGE NAME WELL NUMBER ADDINUMBER OUARTER/OUARTER LOCATION OR					
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> <u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
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 remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location.					
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)					
to be removed.) M 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-					
retrieved flow lines and pipelines.					
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.					
location, except for utility's distribut	ion intrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE <u>Katherine Papageorge</u> TITLE Decommissioning Project Manager DATE 10.10.19					
SIGNATURE <u>Acture Pa</u>	pageorge 1	TTLE	Decommissioning	Project ManagerL	DATE10.10.19
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For State Use Only		_		_	
ROAL A	L. H.		$\cap \cap$	И	date 10-22-19
APPROVED BY: Key 2	jurnet	TILE	C. V		DATE 10 C - (
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