

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

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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)        |  | WELL API NO.<br>30-015-43892  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <b>SWABTESIA DISTRICT</b>  |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>CHEVRON USA Inc   |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>6301 Deauville Blvd., Midland, TX 79706  |  | 7. Lease Name or Unit Agreement Name<br>GRAVITAS 2 STATE SWD  |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>737</u> feet from the <u>SOUTH</u> line and <u>1078</u> feet from the <u>WEST</u> line<br>Section <u>2</u> Township <u>26S</u> Range <u>27E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>002</u>   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><u>3219'</u>   |  | 9. OGRID Number<br><u>4323</u>  |
|  |  | 10. Pool name or Wildcat<br>SWD;DEVONIAN/SILURIAN   |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: INJECTION COMMENCEMENT <input checked="" type="checkbox"/> | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |
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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.

INJECTION COMMENCED ON 5/14/2018.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kayla McConnell TITLE PERMITTING SPECIALIST DATE 11/20/2018

Type or print name KAYLA MCCONNELL E-mail address: GNCV@CHEVRON.COM PHONE: (432) 687-7665  
**For State Use Only**

APPROVED BY: Rusty Klen TITLE Business Ops Sr A DATE 11-20-2018  
Conditions of Approval (if any)