Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II - (575) 748-1283 30-015-44202 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 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 **DIGNITAS 26 STATE SWD** PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator 9. OGRID Number CHEVRON USA Inc 4323 3. Address of Operator 10. Pool name or Wildcat 6301 Deauville Blvd., Midland, TX 79706 SWD; SILURIAN-ORDOVICIAN (98191) 4. Well Location Unit Letter 1920 feet from the **SOUTH** line and feet from the EAST _line Section 26 Township **26S** Range 27E **NMPM** County **EDDY** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3076 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 □ П **TEMPORARILY ABANDON** П CHANGE PLANS COMMENCE DRILLING OPNS.⊠ P AND A PULL OR ALTER CASING MULTIPLE COMPL П CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: 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. Well spudded 7/11/2019 JUL 3 1 2019 DISTRICTII-ARTESIAO.C.D. Spud Date: 7/11/2019 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 SPECIALIST DATE 7/25/2019 Type or print name LAURA BECERRA E-mail address: <u>LBECERRA@CHEVRON.COM</u> PHONE: (432) 687-7665 For State Use Only

APPROVED BY: Z

Conditions of Approval (if any):

TITLE Compliance office DATE 8-5.19