

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

Received NMOCD 12/8/20

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-025-32801
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Central Vacuum Unit
8. Well Number: 194
9. OGRID Number: 4323
10. Pool name or Wildcat: Vacuum Grayburg San Andres

**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: Injection Well

2. Name of Operator:  
Chevron U.S.A. Inc.

3. Address of Operator:  
6301 Deauville Blvd, Midland, TX. 79706

4. Well Location  
 Unit Letter C : 14 feet from the North line and 1917 feet from the West line  
 Section 6 Township 18-S Range 35-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3979' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Intent to repair tubing and re-test MIT.</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

The subject well has a tubing leak so the plan is to perform a workover to repair the well and return to injection per the following procedure:

- MIRU, NDWH, NU BOPE
- POOH with all Injection equipment
- Repair tubing leak.
- Re-run injection equipment.
- Notify NMOCD to witness pressure test of casing and chart
- File subsequent report with MIT chart to NMOCD

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

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 Jerry D. Poole TITLE Production Engineer DATE 13-Nov-20

Type or print name Jerry D. Poole E-mail address: jerrypoole@chevron.com PHONE: (432) 687-7295

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/9/20  
 Conditions of Approval (if any):