

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

WELL API NO. 30-025-10189	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name BAKER "B"	✓
8. Well Number 009	✓
9. OGRID Number 4323	
10. Pool name or Wildcat DRINKARD	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator CHEVRON U.S.A. INC.
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705
4. Well Location Unit Letter: L 2130 feet from SOUTH line and 810 feet from the WEST line Section 10 Township 22S Range 37E 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

E-PERMITTING <SWD _____ INJECTION> CONVERSION _____ RBDMS _____ <input type="checkbox"/> RETURN TO _____ TA <u>TA</u> _____ <input type="checkbox"/> CSNG _____ ENVIRO _____ CHG LOC _____ <input type="checkbox"/> INT TO PA _____ P&A NR _____ P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER <u>TA w/chart</u>
--	--

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.

10/20/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 560 PSI FOR 32 MINUTES. (COLOR COPY OF CHART ATTACHED). WITNESSED BY NMOCD.

Well is IAD -

Spud Date:

Rig Release Date:

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

G-B

SIGNATURE Denise Pinkerton TITLE REGULATORY SPECIALIST DATE 10/22/2015

Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375
 For State Use Only

APPROVED BY: Bil Samanah TITLE Staff Manager DATE 11/24/15
 Conditions of Approval (if any):

This Approval of Temporary
 Abandonment Expires 10/20/2016 ✓

MSB.

HOBBS OGD
 NOV 18 2015
 RECEIVED

DEC 14 2015

~~NOV 30 2015~~

HOBBS 21

NOV 18 2015

RECEIVED

