

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. 30-025-32801
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>C</u> : <u>14</u> feet from the <u>North</u> line and <u>1917</u> feet from the <u>West</u> line Section <u>6</u> Township <u>18-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3979' GR

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

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

1. MIRU, NDWH, NU BOPE
2. POOH with all Injection equipment
3. Repair tubing leak.
4. Re-run injection equipment.
5. Notify NMOCD to witness pressure test of casing and chart
6. 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 3/17/21
 Conditions of Approval (if any).

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CONDITIONS

Action 12171

CONDITIONS OF APPROVAL

Operator:	CHEVRON U S A INC	6301 Deauville Blvd	Midland, TX79706	OGRID:	4323	Action Number:	12171	Action Type:	C-103X
OCD Reviewer	Condition								
kfortner	Run Post Workover MIT test								