Submit 1 Copy To Appropriate District Office	State of New Me	100 u 03/	26/2020 - NMOCD	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
<u>District II</u> – (575) 748-1283	OH CONGEDUATION DIVIGION		30-015-46632	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Le	ease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE 🛚
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Le	ase No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	t 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 PROPOSALS.)			CB CAL 25 36 S	TATE COM 08
1. Type of Well: Oil Well Gas Well X Other			8. Well Number	402H
2. Name of Operator CHEVRON USA INC			9. OGRID Number 4323	
3. Address of Operator			10. Pool name or Wild	dcat
6301 DEAUVILLE BLVD., MIDLAND, TX 79706			PURPLE SAGE; WOLFCAMP (GAS)	
4. Well Location				
Unit Letter D: 234 feet from the NORTH line and 584 feet from the WEST line				
Section 25 Township 23S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				unty EDD 1
	2,990'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐				
TEMPORARILY ABANDON				ND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				_
OTHER:		OTHER:		
	leted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion.			
4/14/2020 - Notified Gilbert @ NMOCD of intent to spud well.				
4/17/2020 - Spud well.				
4, 17/2020 - Opud well.				
Spud Date: 4/17/2020	Rig Release Dat	re:		
I hereby certify that the information	above is true and complete to the be	st of my knowledge	and belief.	
SIGNATURE SIGNATURE	TITLE Per	mitting Specialist	DATE	5/26/2020
Composit 1		- 1		
Type or print nameLaura Becer For State Use Only	ra E-mail address:	LBecerra@Chev	vron.com PHONE:	(432) 687-7665
APPROVED BY: Gilbert	CorderoTITLE	Staff MG	ZEDATE	5/28/2020
Conditions of Approval (if any).		(1/ //		