Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-45709
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE STATE STATE
1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
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 PROPOSALS.)		CB NE 15 22 002
1. Type of Well: Oil Well 🔲 Gas Well 🔀 Other		8. Well Number 1H
2. Name of Operator CHEVRON USA INC		9. OGRID Number 4323
3. Address of Operator 6301 DEAUVILLE BLVD		10. Pool name or Wildcat
MIDLAND,	TX 79706	PURPLE SAGE; WOLFCAMP (GAS)
4. Well Location Unit Letter B : 51	8 C C I NOPTH II I	
Section 15		405 feet from the EAST line
	Township 23S Range 28E . Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County EDDY
2992		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK 🔲 🛛 PL		
	HANGE PLANS	
	JLTIPLE COMPL	т јов 🛛
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.		
8/11/2019: SPUD WELL.		
8/11/2019 - 8/12/2019: DRILL 17 1/2" HOLE. TD @ 490'. RUN 13 3/8" CSG (54.5# J-55 STC) T/480' W/760SX OF CLASS C CMT. CMT CIRC TO SURFACE.		
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		AUG 2 3 2019
		DISTRICTI-ARTESIAO.C.D.
Spud Date: 8/11/2019	Rig Release Date:	
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I hereby certify that the information above	e is true and complete to the best of my knowledg	a and haliaf
	e is the and complete to the best of my knowledg	e and benef.
SIGNATURE Kayla Moomen TITLE PERMITTING SPECIALIST DATE 8/19/2019		
Type or print name KAYLA MCCONNELL E-mail address: GNCV@CHEVRON.COM PHONE: 432.687.7375		
For State Use Only		
	TITLE Staff Mg	DATE 8/26/19
Conditions of Approval (if any).		