

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 367829
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.)		WELL API NUMBER 30-015-49957
1. Type of Well: Gas		5. Indicate Type of Lease State
2. Name of Operator CHEVRON U S A INC		6. State Oil & Gas Lease No.
3. Address of Operator 6301 Deauville Blvd, Midland, TX 79706		7. Lease Name or Unit Agreement Name JIM BEAM 25 36 STATE COM
4. Well Location Unit Letter <u>O</u> : <u>787</u> feet from the <u>S</u> line and feet <u>1950</u> from the <u>E</u> line Section <u>24</u> Township <u>26S</u> Range <u>27E</u> NMPM _____ County <u>Eddy</u>		8. Well Number 445H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3084 GR		9. OGRID Number 4323
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____		Other: <u>Spud</u> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
4/5/2024 Spudded well.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE	Electronically Signed _____	TITLE
Type or print name	Cindy Herrera-Murillo _____	E-mail address
Sr. HES Regulatory Affairs Coordinator		DATE
eeof@chevron.com		6/23/2024
Telephone No.		575-263-0431
For State Use Only:		
APPROVED BY:	Sarah K McGrath _____	TITLE
Petroleum Specialist - A		DATE
		6/26/2024