

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
Revised July 18, 2013OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-53526
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 CB NE 15 22 004
8. Well Number 601H
9. OGRID Number 4323
10. Pool name or Wildcat PURPLE SAGE;WOLFCAMP (GAS) 98220

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 USA INC	
3. Address of Operator 6301 DEAVILLE BLVD.; MIDLAND, TX 79706	
4. Well Location Unit Letter <b>N</b> : <b>420</b> feet from the <b>SOUTH</b> line and <b>1502</b> feet from the <b>WEST</b> line Section <b>10</b> Township <b>23S</b> Range <b>28E</b> NMPM County <b>EDDY</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3001'	

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <b>APD - EXTENSION REQUEST</b> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <input type="checkbox"/>
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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.

Chevron USA INC request an extension for APD for the above mentioned well. The original benches are not economical, and we need additional time to re-evaluate.

If you have any questions or need any additional information, please feel free to contact me.

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 Jennifer Smith TITLE Senior HES Regulatory Coordinator DATE 12/17/2024  
 Type or print name JENNIFER SMITH E-mail address: JHIO@CHEVRON.COM PHONE: 713-586-9825  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

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CONDITIONS

Action 412899

CONDITIONS

Operator:  CHEVRON U S A INC 6301 Deauville Blvd Midland, TX 79706	OGRID:  4323
	Action Number:  412899
	Action Type: [C-103] NOI APD Extension (C-103B)

CONDITIONS

Created By	Condition	Condition Date
smcgrath	One 1-year extension approved.	12/17/2024
smcgrath	All original COAs apply.	12/17/2024