

Submit 1 Copy To Appropriate District 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

NM OIL CONSERVATION
 State of New Mexico
 Artesia District
 Energy, Minerals and Natural Resources
 OCT 27 2016
OIL CONSERVATION DIVISION
 RECEIVED
 St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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 NO. 30-015-43892
1. Type of Well: Oil Well Gas Well Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
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 Gravitas 2 State SWD (316753)
4. Well Location Unit Letter: N 400 feet from the South line and 1560 feet from the West line Section 2 Township 26S Range 27E NMPM County LEA		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323
10. Pool name or Wildcat SWD; Devonian - Silurian (97869)		10. Pool name or Wildcat SWD; Devonian - Silurian (97869)

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK 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:		SUBSEQUENT REPORT OF: 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:	
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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.

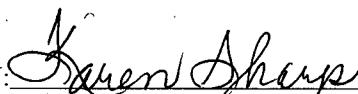
Chevron respectfully requests to make changes to the SHL on the original permit. Please refer to the certified C-102 along with the vicinity maps.
 Please contact Dorian 432.687.7631 or djvo@chevron.com.

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  TITLE: REGULATORY SPECIALIST DATE: 10/24/2016
 Type or print name: DORIAN K. FUENTES E-mail address: DJVO@CHEVRON.COM PHONE: 432-687-7631

For State Use Only

APPROVED BY:  TITLE: Bus Oper Spec Adv DATE: 10/27/16
 Conditions of Approval (if any):

SWD order must be amended prior to placing well on injection