

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-43892
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GRAVITAS 2 STATE SWD
8. Well Number 002
9. OGRID Number 4323
10. Pool name or Wildcat SWD;DEVONIAN/SILURIAN

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.)

1. Type of Well: Oil Well Gas Well Other **SWB ARTESIA DISTRICT**

2. Name of Operator
CHEVRON USA Inc **NOV 20 2018**

3. Address of Operator
6301 Deauville Blvd., Midland, TX 79706 **RECEIVED**

4. Well Location
 Unit Letter N : 737 feet from the SOUTH line and 1078 feet from the WEST line
 Section 2 Township 26S Range 27E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3219'

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: INJECTION COMMENCEMENT <input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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.

INJECTION COMMENCED ON 5/14/2018.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kayla McConnell TITLE PERMITTING SPECIALIST DATE 11/20/2018

Type or print name KAYLA MCCONNELL E-mail address: GNCV@CHEVRON.COM PHONE: (432) 687-7665

For State Use Only
 APPROVED BY: Rusty Klein TITLE Business Operator A DATE 11-20-2018
 Conditions of Approval (if any)