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Submit I Copy To Appropriate District RECENED State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 AUG bil CONSERVATION DIVISION	30-015-45711
<u>District III</u> – (505) 334-6178	5. Indicate Type of Lease STATE X FEE
District IV – (505) 476-3460 DISTRICTI APIES Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
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 3H
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 : 520 feet from the NORTH line and 13	
Unit Letter B : 520 feet from the NORTH line and 13   Section 15 Township 23S Range 28E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County EDDY
2992	如果是不是这些是不是这些人的问题。这些中心的是不是不是不是 我们还是这些人的是是是这些人的问题。 我们还是这些人的是是是是是我们的人们的是不是是不是我们的问题。
12. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data
PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🗌 CASING/CEMENT	
CLOSED-LOOP SYSTEM	
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.	
proposed completion of recompletion.	
8/7/2019: SPUD WELL.	
8/7/2019 - 8/8/2019: DRILL 17 1/2" HOLE. TD @ 495'. RUN 13 3/8" CSG (54.5# J-55 STC) T/485'	
W/760SX OF CLASS C CMT. CMT CIRC TO SURFACE.	
8/8/2019: RIG RELEASED.	
Spud Date: Rig Release Date:	
I have here in the state in the state in the state of the	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE Kayle Molomell TITLE PERMITTING SPEC	IALIST DATE 8/15/2019
Type or print name KAYLA MCCONNELL E-mail address: GNCV@CHEV	RON.COM PHONE: 432.687.7375
APPROVED BY: DATE STORE DATE 8/19/19	
Conditions of Approval (if any):	

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