

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

Rec'd 05/29/2020 - NMOCD

Form C-103  
 Revised July 18, 2013

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

<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.)		WELL API NO. <b>30-015-45710</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>CHEVRON USA INC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>6301 DEAUVILLE BLVD., MIDLAND, TX 79706</b>		7. Lease Name or Unit Agreement Name <b>CB NE 15 22 002</b>
4. Well Location Unit Letter <b>B</b> : <b>519</b> feet from the <b>NORTH</b> line and <b>1355</b> feet from the <b>EAST</b> line Section <b>15</b> Township <b>23S</b> Range <b>28E</b> NMPM County <b>EDDY</b>		8. Well Number <b>2H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>2992' RKB</b>		9. OGRID Number <b>4323</b>
		10. Pool name or Wildcat <b>PURPLE SAGE;WOLFCAMP (GAS)</b>

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: <input 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: <b>HYDRAULIC FRAC</b> <input checked="" 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.

- 1/16/20 – Ran CBL from 9,849' to surface. TOC ~5,230'.
- 1/19/20 - Test prod csg 9,800 psi for 30 min and RU frac equipment.
- 1/20/2020-2/20/20 - Perforate & frac from 9,716'-19,581'. Frac w/1.1 MM bbls fluid & 23.8 MM# proppant. RD frac equipment.
- 3/19/20 – BOPE test to 250 psi low/3,800 psi high.
- 3/20/20 - Drill out plugs and wash perms.
- 3/22/20 – Set packer @ 9,304'. Test packer, good test.
- 3/23/20 – Ran 2-7/8" L-80 prod tubing and set @ 9,326', PBTD: 19,646'. RD
- 4/6/20 – Pressure test tubing to 1000 psi for 15 min and csg to 1000 psi for 15 min, all tests good. RD and shut in well.

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 Permitting Specialist DATE 5/29/2020

Type or print name Laura Becerra E-mail address: LBecerra@Chevron.com PHONE: (432) 687-7665  
**For State Use Only**

APPROVED BY: Gilbert Cordero TITLE Staff Mgr DATE 6/2/2020  
 Conditions of Approval (if any):