

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

HOBBS- OCD
 RECVD 11/9/20

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-24307
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: Vacuum Grayburg San Andres Unit
8. Well Number: 30
9. OGRID Number: 4323
10. Pool name or Wildcat: Vacuum Grayburg San Andres

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: Injection Well

2. Name of Operator:
Chevron U.S.A. Inc.

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

4. Well Location
 Unit Letter K : 2630 feet from the South line and 2630 feet from the West line
 Section 2 Township 18-S Range 34-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3989' KB

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

NOTICE OF INTENTION TO: 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: <u>Intent to repair leak and re-test MIT.</u> <input checked="" type="checkbox"/>	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: <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.

The subject well recently failed its 5-year MIT so the plan is to perform a workover to repair the well and return to injection per the following procedure:

- MIRU, NDWH, NU BOPE
- POOH with all Injection equipment
- Repair leak.
- Re-run injection equipment.
- Notify NMOCD to witness pressure test of casing and chart
- File subsequent report with MIT chart to NMOCD

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Jerry D. Poole TITLE Production Engineer DATE 09Oct2020

Type or print name Jerry D. Poole E-mail address: jerrypoole@chevron.com PHONE: (432) 687-7295

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/18/20
 Conditions of Approval (if any):