

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

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

WELL API NO. 30-025-24307
5. Indicate Type of Lease STATE [X] FEE [ ]
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
2. Name of Operator CHEVRON USA 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 EAST line
Section 2 Township 18S Range 34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' GL

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: MIT REPAIR WITH CHART [X]

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 USA INC. HAS REPAIRED THE ABOVE WELL.

11/10/2020 TEST CASING TO 518 PSI FOR 35 MINUTES.

ORIGINAL MIT CHART, BRADENHEAD TEST AND COPY ATTACHED

Spud Date: [ ]

Rig Release Date: [ ]

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

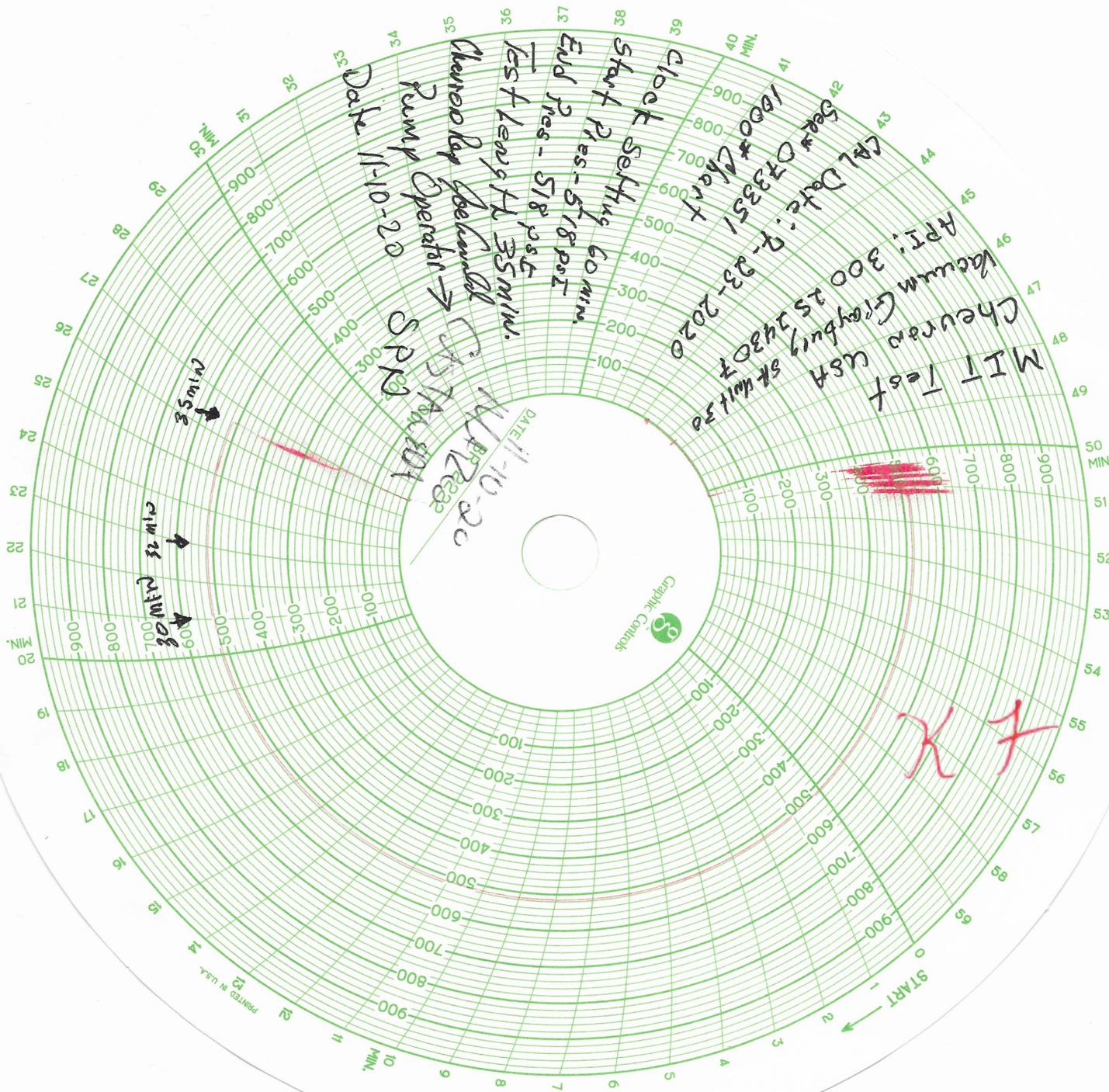
SIGNATURE Cindy Herrera-Murillo TITLE SENIOR HSE REGULATORY AFFAIRS COOR. DATE 11/10/2020

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/10/20

Conditions of Approval (if any):



MIT Test  
 Chevron USA  
 Vacuum Greylburg shaft 30  
 API: 300 IS 3430 X  
 CAL Date: P-23-23-2020  
 Seq# 073351  
 1000\* Start  
 Plot Setting 60 min  
 Start Pres - 518 PSI  
 End Pres - 518 PSI  
 Test Length 35 min.  
 Checked by Debra  
 Pump Operator → SPN  
 Date 11-10-20

DATE 11-10-20  
 WPR  
 2020

F  
 K

CW 58  
 CW 73  
 CW 78  
 CW 83

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>Chevron USA</b>		API Number <b>3002524307</b>
Property Name <b>Vacuum Graybury SA unit</b>		Well No. <b>30</b>

<sup>2</sup> Surface Location

UL - Lot <b>K</b>	Section <b>2.0</b>	Township <b>18S</b>	Range <b>34E</b>	Feet from <b>2630</b>	N/S Line <b>South</b>	Feet From <b>2630</b>	E/W Line <b>West</b>	County <b>Lea</b>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	OIL PRODUCER	GAS	DATE <b>11-10-20</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure		N/A	N/A	0	0
Flow Characteristics					
Puff	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	WTR
Surges	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	Injected for
Water	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

D.

Signature: <i>Joe Arnold</i>	OIL CONSERVATION DIVISION Entered into RBDMS Re-test <b>X F</b>
Printed name: <b>Joe Arnold</b>	
Title: <b>WSR</b>	
E-mail Address: <b>Joe Arnold</b>	
Date: <b>11-10-20</b>	
Phone: <b>832 459 7910</b>	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM