

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

RECVD 12/2/20

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-35213
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: Central Vacuum Unit
8. Well Number: 241H
9. OGRID Number: 4323
10. Pool name or Wildcat: Vacuum Grayburg San Andres

4. Well Location Unit Letter <u>B</u> : <u>74</u> feet from the <u>North</u> line and <u>1940</u> feet from the <u>East</u> line Section <u>36</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3997' KB	

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: Intent to repair leak and re-test MIT. ☒

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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:

1. MIRU, NDWH, NU BOPE
2. POOH with all Injection equipment
3. Repair leak.
4. Re-run injection equipment.
5. Notify NMOCD to witness pressure test of casing and chart
6. 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 10-Nov-20

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 12/9/20
Conditions of Approval (if any):