

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 12/2/20

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-35213
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator: Chevron U.S.A. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator: 6301 Deauville Blvd, Midland, TX. 79706		7. Lease Name or Unit Agreement Name: Central Vacuum Unit
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>		8. Well Number: 241H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3997' KB		9. OGRID Number: 4323
		10. Pool name or Wildcat: Vacuum Grayburg San Andres

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Intent to repair leak and re-test MIT. <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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):