| Submit 1 Copy To Appropriate District State of New Me  | vico                  | Form C-103                                |  |
|--|-----------------------|---|--|
| Office District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240 District II – (575) 748-1283 B11 S First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III – (575) 748-1283 DIVISION DISTRICT III – (575) 748-1283 DIVISION |                       | Revised August 1, 2011                    |  |
|  |                       | WELL API NO.                              |  |
|  |                       | 30-025-39095<br>5. Indicate Type of Lease |  |
|  |                       | STATE   FEE                               |  |
| 1000 Rio Brazos Rd , Aztec, NM 874102 1 2011<br>District IV – (505) 476-3460 Santa Fe, NM 87505  |                       | 6. State Oil & Gas Lease No.              |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                       |   |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  |                       | 7. Lease Name or Unit Agreement Name      |  |
| (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.)  |                       | CENTRAL DRINKARD UNIT                     |  |
| 1. Type of Well: Oil Well Gas, Well Other INJECTOR   |                       | 3. Well Number 436                        |  |
| 2. Name of Operator CHEVRON U.S.A. INC.  |                       | O. OGRID Number 4323                      |  |
| <ol> <li>Address of Operator</li> <li>SMITH ROAD, MIDLAND, TEXAS 79705</li> </ol>  | t t                   | O. Pool name or Wildcat  ORINKARD         |  |
| 4. Well Location   |                       |   |  |
| Unit Letter D: 660 feet from the NORTH line and 1010 feet from the WEST line   |                       |   |  |
| Section 29 Township 21-S Range 37-E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |                       |   |  |
| 11. Elevation (Snow whether DR,  | KKD, KI, OK, etc.)    |   |  |
|  | •                     |   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                       |   |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |                       |   |  |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK   |                       | ☐ ALTERING CASING ☐                       |  |
| TEMPORARILY ABANDON   CHANGE PLANS   | COMMENCE DRILL        |   |  |
| PULL OR ALTER CASING  MULTIPLE COMPL   | CASING/CEMENT J       | ОВ  |  |
| DOWNHOLE COMMINGLE   |                       |   |  |
| OTHER:   | OTHER: MIT W/         |   |  |
| 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.   |                       |   |  |
|  |                       |   |  |
| 10-25-11: MIRU. 10-26-11: SET PKR @ 6550. 10-28-11: TAG @ 6630. FELL THRU BRIDGE. 10-29-11: STIM PERFS 6662-68,6646-50, 6653-58, 6619-24, 6600-06, 6609-16. 10-31-11: SET PKR @ 6545. 11-01-11: ACIDIZE W/5000 GALS 15% HCL  |                       |   |  |
| 11-02-11: REL PKR. 11-03-11: CIRC W/150 BBLS PKR FLUID. SET PKR @ 6546. NU WH & INJ LINE.  |                       |   |  |
| 11-04-11: NOTIFIED NMOCD. RAN CHART. PRESS CSG TO 555 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART   |                       |   |  |
| ATTACHED). GOOD CHART. RIG DOWN.   |                       |   |  |
| •  |                       |   |  |
|  | . [                   |   |  |
| Spud Date: Rig Release Da  | ite:                  |   |  |
| <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>   |                       |   |  |
| I hereby certify that the information above is true and complete to the be   | est of my knowledge a | and belief.                               |  |
|  |                       |   |  |
| SIGNATURE NUMBER TWESTERN TITLE: REGULATORY SPECIALIST DATE: 11-16-2011  |                       |   |  |
| Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375   |                       |   |  |
| For State Use Only   |                       |   |  |
| APPROVED BY COMPANY TITLE STAFF PAGE DATE 11-21-2011   |                       |   |  |
| Conditions of Approval (if any);   |                       |   |  |
|  |                       |   |  |

