Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103		
Office <u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240		~•		WELL API NO.		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-29789	of Loofs	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM			o. Blate on a	Gus Leuse 110.		
87505 SUNDRY NOTI	CES AND REPORTS (ON WELLS		7 Lease Name	or Unit Agreem	ent 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) HOBSECHOES				NEW MEXICO Z STATE NCT-5		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 1		
2. Name of Operator AUG 3 0 2013				9. OGRID Number 4323		
CHEVRON U.S.A. INC. 3. Address of Operator				10. Pool name	or Wildcat	
15 SMITH ROAD, MIDLAND, TEXAS 79705		RECEIVE	ED	AIRSTRIP WOLFCAMP/BONE SPR		
4. Well Location						
Unit Letter: J 1850 fee	t from the SOUTH line	e and 2310 feet fro	om the EAST	line		
Section 14	Township	18S Range	e 34E	NMPM	Cour	nty LEA
	11. Elevation (Show v	whether DR, RKB,	RT, GR, etc.)	, se e		
12. Check A	Appropriate Box to I	ndicate Nature	of Notice, F	Report or Oth	er Data	
NOTICE OF IN	TENTION TO:		SUBS	SEQUENT P	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING C	
TEMPORARILY ABANDON	CHANGE PLANS	СОМ	IMENCE DRIL	LING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASI	ING/CEMENT	JOB 🔲		
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTEM		□ ОТН	CD: TA	W/CHART		
OTHER: 13. Describe proposed or comp	leted operations (Clear				lates including e	stimated date
of starting any proposed we proposed completion or rec	ork). SEE RULE 19.15.					
08/19/2013: NOTIFIED NMOCD. ATTACHED).	PRESSURE TO 540 PS	SI. FOR 30 MINS.	(ORIGINAL	CHART & CC	OPY OF CHART	•
				_		
•	This Appro	oval of Tempo nent Expires	19.	- 2015		
WELL STATUS IS TA	Abandonn	nent Expires .				
Spud Date:	——————————————————————————————————————	Release Date:	· ·	•		
Spud Date.	Rig	Release Date.			İ	
<u></u>		L				
I hereby certify that the information	above is true and compl	ete to the best of n	ny knowledge	and belief.		
			,etuge			
SIGNATURE SILLS SIM	Kerton TI	ΓLE REGULAT	TORY SPECIA	ALIST	DATE 08/28/2	013
Type or print name: DENISE PINK	CERTON 1	E-mail address: <u>le</u>	akeid@chavro	, un com	PHONE:432-68	27-7375
For State Use Only				/II.COIII	11101112.432-00	11 1313
			- MED		9-4	7012
APPROVED BY: Conditions of Approval (if any);	TIT	LE	1141	r	DATE /	-cu
Conditions of Approval (II ally)	/					

