Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
<u>District I</u> – (575) 393-6161	Energy, Minerals and Nat	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		30-025-32180 5. Indicate Type of Lease			
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505				. 60 000 200		
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.) 1. Type of Well: Oil Well Gas Well Other HOBBS OCD			H.O. SIMS "A"			
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 2				
2. Name of Operator		9. OGRID Number 4323				
HEVRON U.S.A. INC. Address of Operator OCT 1 0 2014			10 D I WILL			
15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat			
4. Well Location		RECEIVED				
Unit Letter: I 1980 fe	et from SOUTH line and 990 fe	et from the EAST 1	line			
Section 33	Township 2 % S	Range 37E	NMPM	Cour	nty LEA	
	11. Elevation (Show whether D.	R, RKB, RT, GR, etc.)			
	<u> </u>		•	<u></u>		
12. Check A	Appropriate Box to Indicate I	Nature of Notice,	Report or 0	Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING						
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN				
DOWNHOLE COMMINGLE	_			_		
CLOSED-LOOP SYSTEM	LOOP SYSTEM					
OTHER: REQUEST TA EXTENSION OTHER						
	pleted operations. (Clearly state al					
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.						
proposed completion of rec	completion.					
CHEVRON U.S.A. RESPECTFUL	LY REQUESTS A 6 MONTH ΕΣ	KTENSION FOR TH	E TA STATU	S OF THE	SUBJECT WELL.	
UPON APPROVAL, A CHART W	ILL DE DIIN AND CHDMITTED	TO THE MMOCD		•		
OPON AFFROVAL, A CHART W	ILL BE KON AND SOBMITTED	TO THE NMOCD.				
Spud Date:	Rig Release I	Date:				
L						
I hereby certify that the information	above is true and complete to the	best of my knowledg	ge and belief.			
X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\mathcal{I}_{I}}}}}}}}}}$					
SIGNATURE X MASE /	WHO TO TITLE REC	GULATORY SPECI	ALIST	DATE	10/09/2014	
Type or print name `DENISE PINK	KERTON E-mail addre	ess: <u>leakeid@chevro</u>	on.com	PHONE:	432-687-7375	
For State Use Only				·		
APPROVED BY:	Accented for Reco	ord Only		DATE		
Conditions of Approval (if any):	110					
()),	Joy 44W	14/2014				
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OCT 1 7 2014