

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 3002539805
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 DRINKARD UNIT
8. Well Number 441
9. OGRID Number 4323
10. Pool name or Wildcat

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.)

1. Type of Well: Oil Well Gas Well Other Injector

2. Name of Operator
CHEVRON U.S.A.

HOBBS OGD

3. Address of Operator
15 SMITH ROAD MIDLAND, TX 79705

SEP 09 2015

4. Well Location

Unit Letter, D_: 932 feet from the N_line and 558 feet from the W_line

Section 32 Township 21S Range 37E NMPM County LEA

RECEIVED

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3466 GR

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:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB
OTHER: ANNUAL MIT TEST

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.

CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.
CHART ATTACHED.
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING

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:

A. Garcia

TITLE: REGULATORY ASSISTANT

DATE: 2 Sep. 2015

Type or print name: Adriann Garcia

E-mail address: Adriann.Garcia@chevron.com

PHONE: 432-687-7617

For State Use Only

APPROVED BY:

Bill Semanah

TITLE

Staff Manager

DATE

9-24-15

Conditions of Approval (if any):

SEP 25 2015

AM

PRINTED IN U.S.A.

6 PM

MIDNIGHT

Chas. R. O'Neil
Central Electric
30-0215-39905
14650
3400-15
Frank [unclear]

Graphic Controls


DATE *8-31-15*
 BR *2221*

BS
9/24/15

NOON

6 AM