

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

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. 3002539095
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>15 SMITH ROAD MIDLAND, TX 79705</b>		7. Lease Name or Unit Agreement Name CENTRAL DRINKARD
4. Well Location Unit Letter, D, 660 feet from the N line and 1010 feet from the W line Section 29 Township 21S Range 37E NMPM County LEA		8. Well Number 436
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323
10. Pool name or Wildcat DRINKARD		

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: <input type="checkbox"/>		OTHER: <b>ANNUAL MIT TEST</b>	

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 Senanah TITLE: Staff Manager DATE: 9-24-15  
 Conditions of Approval (if any):

SEP 28 2015

*[Handwritten signature]*

PRINTED IN U.S.A.

6 PM

5

4

3

2

1

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

MIDNIGHT

11

10

9

8

7

900

800

700

600

500

400

300

200

100

DATE

8-31-15  
BR 2221

Graphic Controls

*Chewer*

*Control Blank and*

*APJ # 39-025-938*

*Grady Corp 39087*

*MCE # 11465*

*Call # 3-6-15*

*Grant Hill*

*BR*  
*9/24/15*

*[Handwritten signature]*

2-31-12