

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.	3002506904
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well Number	119
9. OGRID Number	4323
10. Pool name or Wildcat	DRINKARD

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.

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

4. Well Location

Unit Letter, I \_ : 2160 \_ feet from the \_ S \_ line and \_ 330 \_ feet from the \_ E \_ line

Section 30 Township 21S Range 37E NMPM County LEA

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

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 Serranah

TITLE

Staff Manager

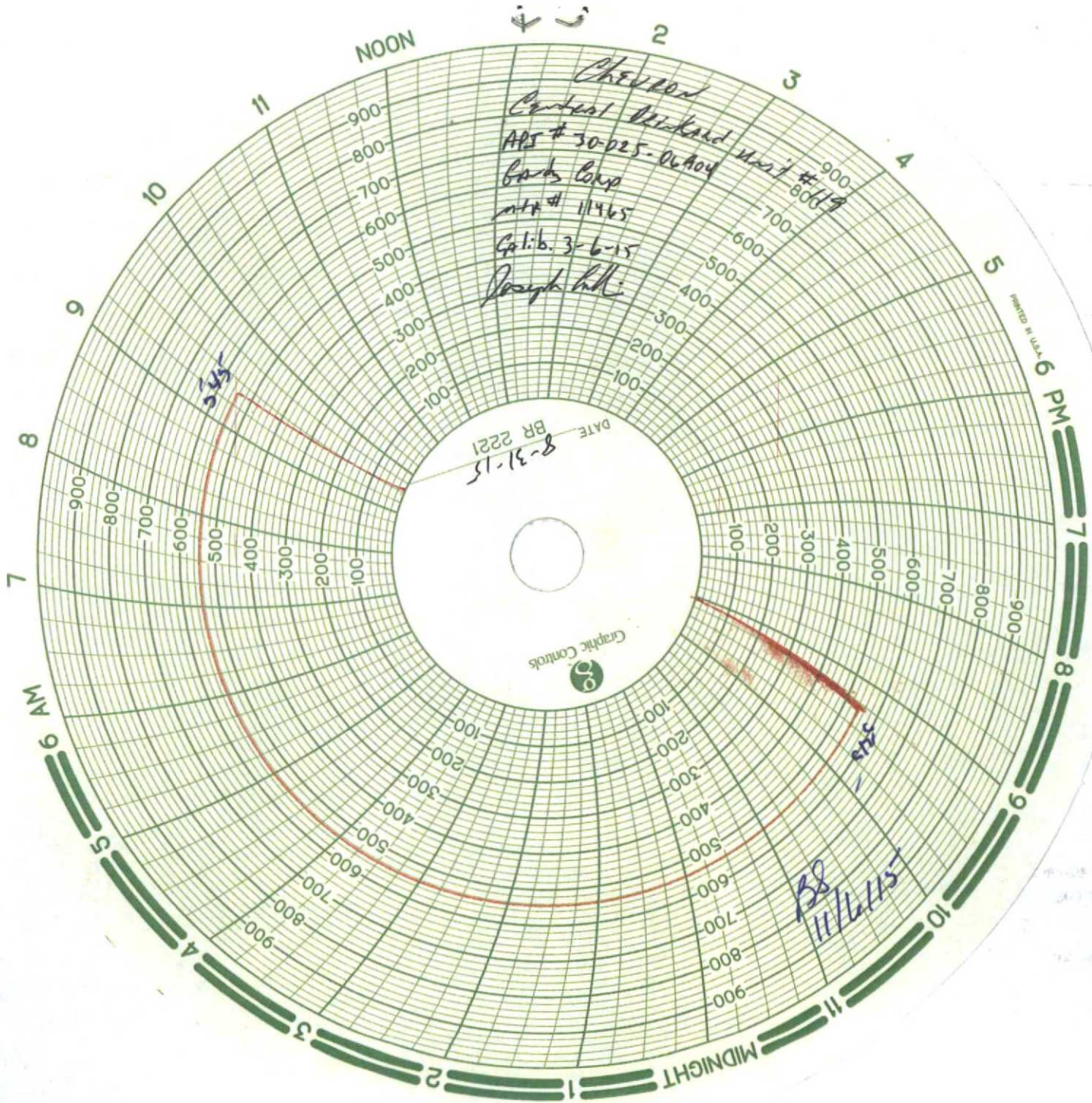
DATE

11/4/15

Conditions of Approval (if any):

NOV 09 2015





Chevron  
Central Oakland  
APR # 30-025-06A04  
Bach Corp  
mta # 11465  
Galib. 3-6-15  
Joseph Hill

DATE 8-31-15  
BR 2221

Graphic Controls

BS  
11/16/15

8-31-12