

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

HOBBS OGD

APR 17 2017

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 3002524112
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 NORTH VACUUM ABO WEST UNIT
8. Well Number 5
9. OGRID Number 4323
10. Pool name or Wildcat VACUUM ABO, NORTH

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 ☐

2. Name of Operator

CHEVRON U.S.A.

3. Address of Operator

6301 DEAUVILLE BLVD MIDLAND, TX 79706

4. Well Location

Unit Letter D: **_660_** feet from the **_N_** line and **_660_** feet from the **_W_** line

Section **22 -** Township **17-S** Range **34-E** NMPM County **LEA**

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

4048' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☒

PLUG AND ABANDON ☐

CHANGE PLANS ☐

MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING/CEMENT JOB ☐

ALTERING CASING ☐

P AND A ☐

OTHER:

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.

THE SUBJECT WELL FAILED THE ANNUAL MIT TEST, PLANS ARE TO PLUG.

*Submit C-103
for P/A - MRS.*

Spud Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:

Adriann Garcia

TITLE: REGULATORY ASSISTANT

DATE: APRIL 13, 2017

Type or print name: **Adriann Garcia**

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

PHONE: **432-687-7617**

For State Use Only

APPROVED BY:

Accepted for Record Only

DATE

Conditions of Approval (if any):

M. Brown 4/17/2017