

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

Form C-103  
 Revised July 18, 2013

MAY 11 2017

RECEIVED

WELL API NO. 30-025-06612
5. Indicate Type of Lease STATE <b>X</b> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE S <input checked="" type="checkbox"/>
8. Well Number 5 <input checked="" type="checkbox"/>
9. OGRID Number 4323 <input checked="" type="checkbox"/>
10. Pool name or Wildcat PENROSE SKELLY GRAYBURG <input checked="" type="checkbox"/>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 **X** Other WATER INJECTOR

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

3. Address of Operator  
6301 DEAUVILLE BLVD. RM. N3002, MIDLAND, TX. 79706

4. Well Location **GPS Y-LAT 32.484280 X-LONG -103.155860**  
 Unit Letter **D**: 660 feet from the NORTH line and 990 feet from the WEST line  
 Section 15 Township 21-S Range 37-E NMPM County LEA

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

<p><b>NOTICE OF INTE</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PI          TEMPORARILY ABANDON <input type="checkbox"/> CI          PULL OR ALTER CASING <input type="checkbox"/> M          DOWNHOLE COMMINGLE <input type="checkbox"/>          CLOSED-LOOP SYSTEM <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>
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INT TO PA  
 P&A NR pm. x  
 P&A R -

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.

05/06/17 MIRU, TEST TBG. 500 PSI GOOD, POOH W/ RODS & PUMP, POOH W/ TBG. RIH SET 5 1/2" CIBP @ 3,800'.

05/07/17 MIX & SPOT 140 SX CL "C" CMT FROM 3,800'- 2,381', WOC & TAG @ 2,381'. TEST CSG 500 PSI GOOD. RIH PERF @ 1,250', EST CIR UP 8 5/8", MIX & CIR 55 SX CL "C" CMT FROM 1,250'-1,050'.

05/08/17 RIH TAG @ 1,000', PERF & CIR 55 SX CL "C" CMT FROM 350' BACK TO SURFACE ON BOTH STRINGS. CUT ALL CASING & ANCHORS & REMOVED 3' BELOW GRADE. WELD ON DRY HOLE MARKER AS PER RULE 19.15.7.14. OF NMAC, CLEAN LOCATION. TURN OVER TO RECLAMATION.

ALL CEMENT PLUGS CLASS "C", W/ CLOSED LOOP SYSTEM .

CA BOND 0329

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.  
 Restoration Due By 05/07/2018

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 [Signature] TITLE Agent for Chevron DATE 05/09/17  
 Type or print name Monty L. McCarver E-mail address: monty.mccarver@cjes.com PHONE: 713-325-6288

For State Use Only  
 APPROVED BY: [Signature] TITLE P.E.S DATE 05/11/2017

Conditions of Approval (if any):