

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

HOBBS OCD
SEP 07 2017
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State of New Mexico
 Energy, Minerals and Natural Resources
 WILDLIFE CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 3002536018
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A.		6. State Oil & Gas Lease No.
3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706		7. Lease Name or Unit Agreement Name TRINITY BURRUS ABO UNIT
4. Well Location Unit Letter_H: <u>2310</u> feet from the _N_ line and <u>990</u> feet from the _E_ line Section <u>22</u> - Township <u>12-S</u> Range <u>38-E</u> NMPM County <u>LEA</u>		8. Well Number 13
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3799' GR		9. OGRID Number 147179
10. Pool name or Wildcat TRINITY; WOLFCAMP		

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: 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:

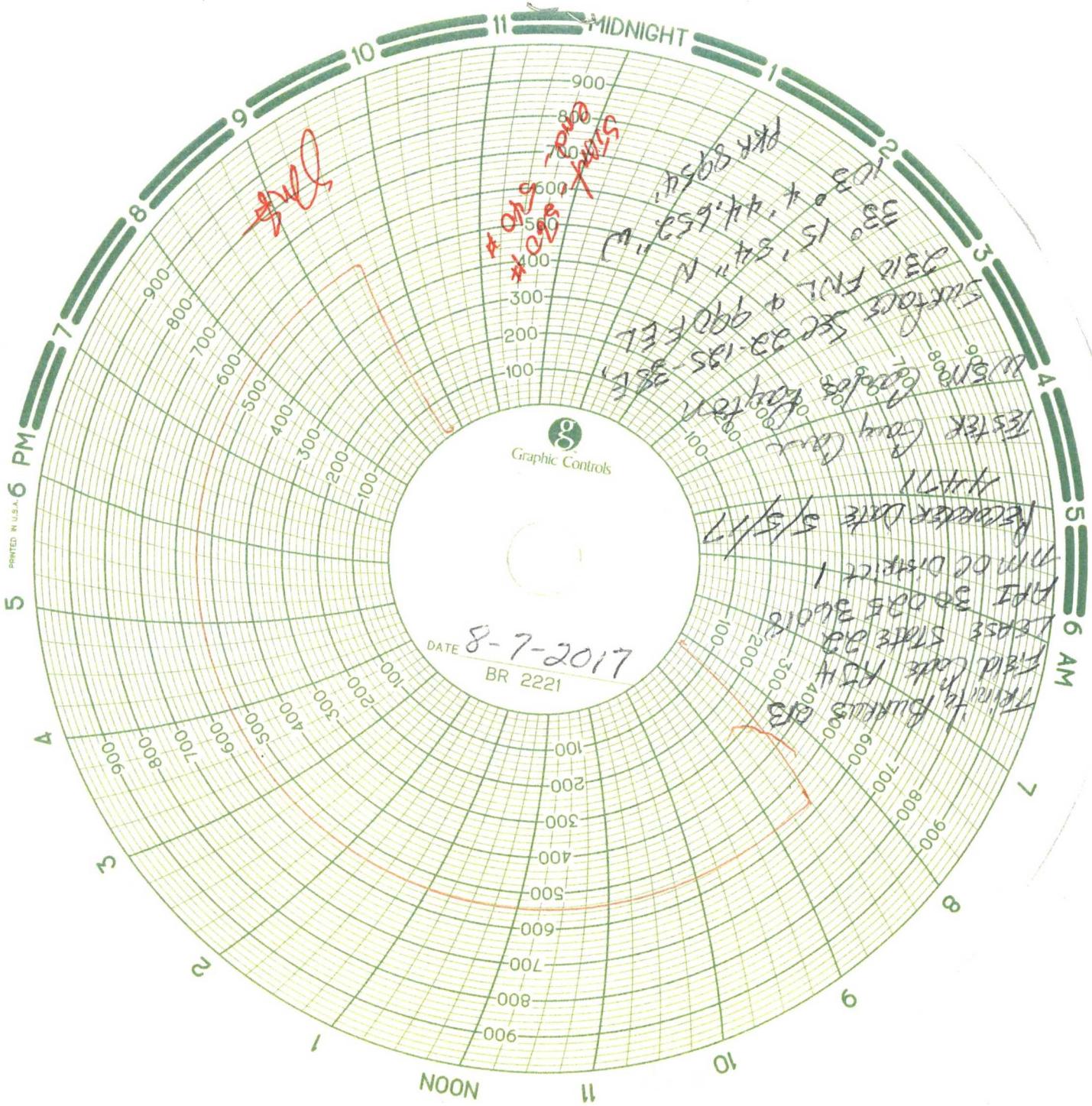
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: *Adriann Garcia* TITLE: REGULATORY ASSISTANT DATE: Aug 28, 2017

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: *George Bowen* TITLE: Compliance Officer DATE: 9/8/17
 Conditions of Approval (if any):



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