| Submit 1 Copy To Appropriate District   | State of New Me                       | exico                                    |                                  | Form C-103          |
|---|---------------------------------------|--|----------------------------------|---------------------|
| Office<br><u>District I</u> – (575) 393-6161  | Energy, Minerals and Natu             | ural Resources                           |                                  | rised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   | 4                                     | 100                                      | WELL API NO. 30-025-03750        |                     |
| 811 S. First St., Artesia, NM 88210   | OIL CONSERVATION                      |  | 5. Indicate Type of Lease        |                     |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Fra                    |  |                                  | EE 🗌 🖌              |
| District IV - (505) 476-3460  | Santa Fe, NM 8                        | 7506320                                  | 6. State Oil & Gas Lease N       | lo.                 |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | EC                                    | 510-                                     |                                  |                     |
|   | TICES AND REPORTS ON WELLS            | SIVA.                                    | 7. Lease Name or Unit Ag         | reement Name        |
|   | DSALS TO DRILL OR TO DEEPEN OR PL     |  | LOVINGTON PADDOCK                | UNIT                |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)   |                                       | 0 111 11 11 11 11 11 11 11 11 11 11 11 1 |                                  |                     |
| 1. Type of Well: Oil Well Gas Well Other: INJECTION   |                                       | 8. Well Number #5                        |                                  |                     |
| 2. Name of Operator   |                                       | 9. OGRID Number: 241333                  |                                  |                     |
| CHEVRON USA INC 3. Address of Operator  |                                       | 10. Pool name or Wildcat                 |                                  |                     |
| 1616 W. BENDER BLVD HOBBS, NM 88240   |                                       | LOVINGTON; PADDOCK                       |                                  |                     |
| 4. Well Location  |                                       |  | 201110101,1122001                |                     |
| Unit Letter N   | : 660 feet from the SOU               | JTH line and                             | feet from the W                  | VEST line           |
| Section 25  | Township 16S                          | Range 36E                                | NMPM                             | County LEA          |
| Section 25  | 11. Elevation <i>(Show whether DR</i> |  |                                  | County LEA          |
|   | 3855' (KB)                            | , MAD, MI, ON, etc.)                     |                                  |                     |
|   |                                       |  |                                  |                     |
| 12. Check   | Appropriate Box to Indicate N         | lature of Notice.                        | Report or Other Data             |                     |
|   |                                       |  |                                  |                     |
|   | NTENTION TO:                          |  | SEQUENT REPORT (                 |                     |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |                                       |  |                                  |                     |
|   |                                       | COMMENCE DRI                             |                                  |                     |
| PULL OR ALTER CASING  | MULTIPLE COMPL                        | CASING/CEMENT                            | JOB []                           |                     |
|   |                                       |  |                                  |                     |
| CLOSED-LOOP SYSTEM  | -2 YEARS                              | OTHER:                                   |                                  |                     |
|   | pleted operations. (Clearly state all |  | l give pertinent dates, includi  | ng estimated date   |
| of starting any proposed w  | ork). SEE RULE 19.15.7.14 NMA         |  |                                  |                     |
| proposed completion or re-  | completion.                           |  |                                  |                     |
| Charron is requesting a two year T  | A automaion for the above subject w   | all nonding the subm                     | ittal and navious of the measure | na abart as         |
| Chevron is requesting a two year TA extension for the above subject well pending the submittal and review of the pressure chart as discussed with Maxey Brown.  |                                       |  |                                  |                     |
| albabba mai marey bromi.  |                                       |  |                                  |                     |
| Maxey has reviewed and gave tentative verbal approval pending review of the MIT chart and submittal of subsequent C-103.  |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
| Current TA expires on 1/7/2018  |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |
| Spud Date:  | Rig Release Da                        | ate:                                     |                                  |                     |
|   |                                       | L  |                                  |                     |
|   | 1 1 1 1 1 1 1                         | 1 11                                     | 11 1' 0                          |                     |
| I hereby certify that the information   | above is true and complete to the b   | est of my knowledge                      | and belief.                      |                     |
| $\Lambda$ , it  |                                       |  |                                  |                     |
| SIGNATURE Conder Amera-   | Muillo TITLE Per                      | mitting Specialist                       | DATE <u>11/09/2017</u>           |                     |
|   |                                       |  |                                  |                     |
| Type or print name <u>Cindy Herrera-Murillo</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u>   |                                       |  |                                  |                     |
| For State Use Only A 1 State Only A |                                       |  |                                  |                     |
| APPROVED BY: Maley Drow Firle HO/IL DATE 11/20/2017   |                                       |  |                                  |                     |
| Conditions of Approval (if any):  | rille                                 | 10-1-                                    | DATE                             | -1                  |
| ()  |                                       |  |                                  |                     |
| •   |                                       |  |                                  |                     |
|   |                                       |  |                                  |                     |