

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.  
 3002538638

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

**HOBBS OCD**  
**MAY 14 2018**  
**RECEIVED**

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN OR PLUG/BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-103) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  INJ

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

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

4. Well Location  
 Unit Letter F: 1360 feet from the NORTH line and 1980 feet from the WEST\_line  
 Section 36 Township 17 S Range 34E NMPM County LEA

7. Lease Name or Unit Agreement Name  
 CENTRAL VACUUM UNIT

8. Well Number 456

9. OGRID Number  
 4323

10. Pool name or Wildcat  
 VACUUM GRAYSBURG SA

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
- 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: 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:

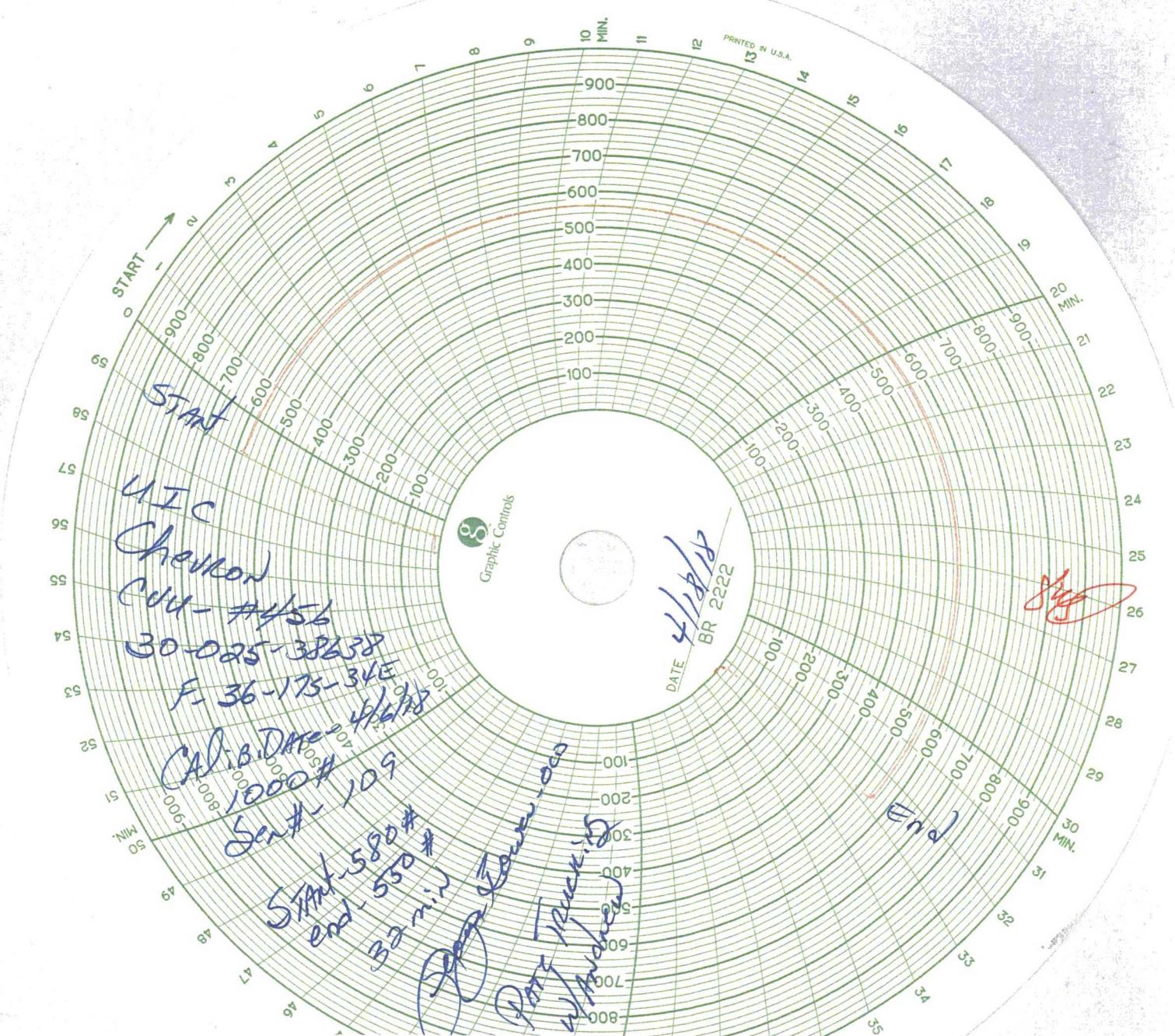
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: J Jones TITLE: REGULATORY ASSISTANT DATE: 5/9/18

Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

For State Use Only

APPROVED BY: [Signature] TITLE: Compliance Officer Super DATE: 5/15/18  
 Conditions of Approval (if any):



START

UIC

Cheriton

CDU- #456

30-025-38638

F-36-173-34E

Cal. B. Date 4/6/78

1000# 109

500#

550#

32 min

Part Tracking

W/attached



DATE 4/16/78  
BR 2222

*[Handwritten signature]*

END