

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

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-35398
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WAG INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON USA INC		6. State Oil & Gas Lease No.
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
4. Well Location Unit Letter <u>B</u> : <u>10</u> feet from the <u>NORTH</u> line and <u>2630</u> feet from the <u>EAST</u> line Section <u>6</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number <u>294</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3705' KB		9. OGRID Number <u>4323</u>
		10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
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 ITS MIT. PLAN TO PERFORM WORKOVER TO RESTORE MECHANICAL INTEGRITY AND RETURN TO INJECTION.

1. MIRU, NDWH, NU BOPE
2. POOH WITH ALL INJECTION EQUIPMENT
3. TEST CASING, REPAIR IF LEAK
4. RE-RUN INJECTION EQUIPMENT
5. NOTIFY NMOCD TO WITNESS PRESSURE TEST OF CASING AND CHART
6. FILE SUBSEQUENT REPORT WITH MIT CHART TO NMOCD

Condition of Approval: notify

Spud Date:

Rig Release Date:

OCD Hobbs office 24 hours  
prior of running MIT Test & Chart

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

SIGNATURE Cindy Herrera-Murillo TITLE Permitting Specialist DATE 07/12/2018

Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431

For State Use Only  
APPROVED BY: Maureen Brown TITLE AO/I DATE 7/16/2018

Conditions of Approval (if any):