

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WAG INJECTOR		WELL API NO. 30-025-41343 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator CHEVRON USA INC		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT 8. Well Number 170
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706		9. OGRID Number 4323 10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location Unit Letter <u>L</u> : <u>2490</u> feet from the <u>SOUTH</u> line and <u>500</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4019' KB		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

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

**Condition of Approval: notify**

**OCD Hobbs office 24 hours**

Spud Date:

Rig Release Date:  **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: Maley Brown TITLE AO/I DATE 7/16/2018  
 Conditions of Approval (if any)