

252570925 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
 Santa Fe, NM 87505

WELL API NO. 30-025-25709
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well Number 85
9. OGRID Number 4323
10. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3982' KB

HOBBBS OCD
 SEP 24 2018
 RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR TO CHANGE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other WAG INJECTOR

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
 Unit Letter L : 1336 feet from the SOUTH line and 1201 feet from the WEST line
 Section 31 Township 17S Range 35E NMPM County LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <input type="checkbox"/>	

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
 prior of running MIT Test & Chart**

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 Cindy Herrera-Murillo TITLE Permitting Specialist DATE 09/24/2018

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

For State Use Only
 APPROVED BY: Mary Brown TITLE AO/I DATE 9/27/2018
 Conditions of Approval (if any):