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For State Use Only

## State of New Mexico Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013 District II - (575) 535-701 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 WELL API NO. OIL CONSERVATION DIVISION 30-025-27971 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. 5. Indicate Type of Lease District IV - (505) 476-3460 Santa Fe. NM 87505 STATÉ 🔯 FEE 🗍 1220 S. St. Francis Dr., Santa Fe, NM 87505 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK **CENTRAL VACUUM UNIT** TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 161 Gas Well ☐ Other ☒ INJ 1. Type of Well: Oil Well 2. Name of Operator 9. OGRID Number CHEVRON U.S.A. 4323 3. Address of Operator 10. Pool name or Wildcat 6301 DEAUVILLE BLVD MIDLAND, TX 79706 VACUUM GRAYSBURG SA 4. Well Location Unit Letter E: 180 feet from the SOUTH line and 10 feet from the WEST line Range Township 17 S 34E **NMPM** County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4004 GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ALTERING CASING | П PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING П DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OTHER: ANNUAL MIT TEST 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including esting that of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagrams for posed completion or recompletion. APR 0 9 2019 RECEIVED 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. \_\_\_\_\_ TITLE: REGULATORY ASSISTANT DATE: \_\_\_ SIGNATURE: \_\_\_ Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

APPROVED BY: Key Jut TITLE Compliance Office JOATE 4-22-19
Conditions of Approval (if and):