

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

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.)		WELL API NO. 30-025-31701
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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 1616 W. BENDER BLVD HOBBS, NM 88240		7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT
4. Well Location Unit Letter <u>K</u> : <u>1590</u> feet from the <u>SOUTH</u> line and <u>2404</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number #40
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323
10. Pool name or Wildcat VACUUM; GLORIETA		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input 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"/>		SUBSEQUENT REPORT OF: 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: TA STATUS W/CHART <input checked="" 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.

03/31-2020 TEST CASING TO 550 PSI FOR 32 MINUTES. NMOCD NOT ABLE TO WITNESS MIT TEST.
 MIT CHART AND BRADENHEAD TEST ATTACHED

FINAL TA STATUS- EXTENSION

CURRENT TA EXPIRES ON 04/04/2020

Approval of TA EXPIRES: 9/30/20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X7

Spud Date:

Rig Releas

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 04/01/2020

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431
For State Use Only

APPROVED BY: Kerry Fat TITLE CO A DATE 4-7-20
 Conditions of Approval (if any):

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 1220 South St. Francis Dr.
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WELL API NO. 30-025-31701
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 VACUUM GLORIETA WEST UNIT
8. Well Number #40
9. OGRID Number 4323
10. Pool name or Wildcat VACUUM; GLORIETA

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 Gas Well Other

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
1616 W. BENDER BLVD HOBBS, NM 88240

4. Well Location
 Unit Letter K : 1590 feet from the SOUTH line and 2404 feet from the WEST line
 Section 25 Township 17S Range 34E NMPM County LEA

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

03/31-2020 TEST CASING TO 550 PSI FOR 32 MINUTES. NMOC D NOT ABLE TO WITNESS MIT TEST. MIT CHART AND BRADENHEAD TEST ATTACHED

CURRENT TA EXPIRES ON 04/04/2020

Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

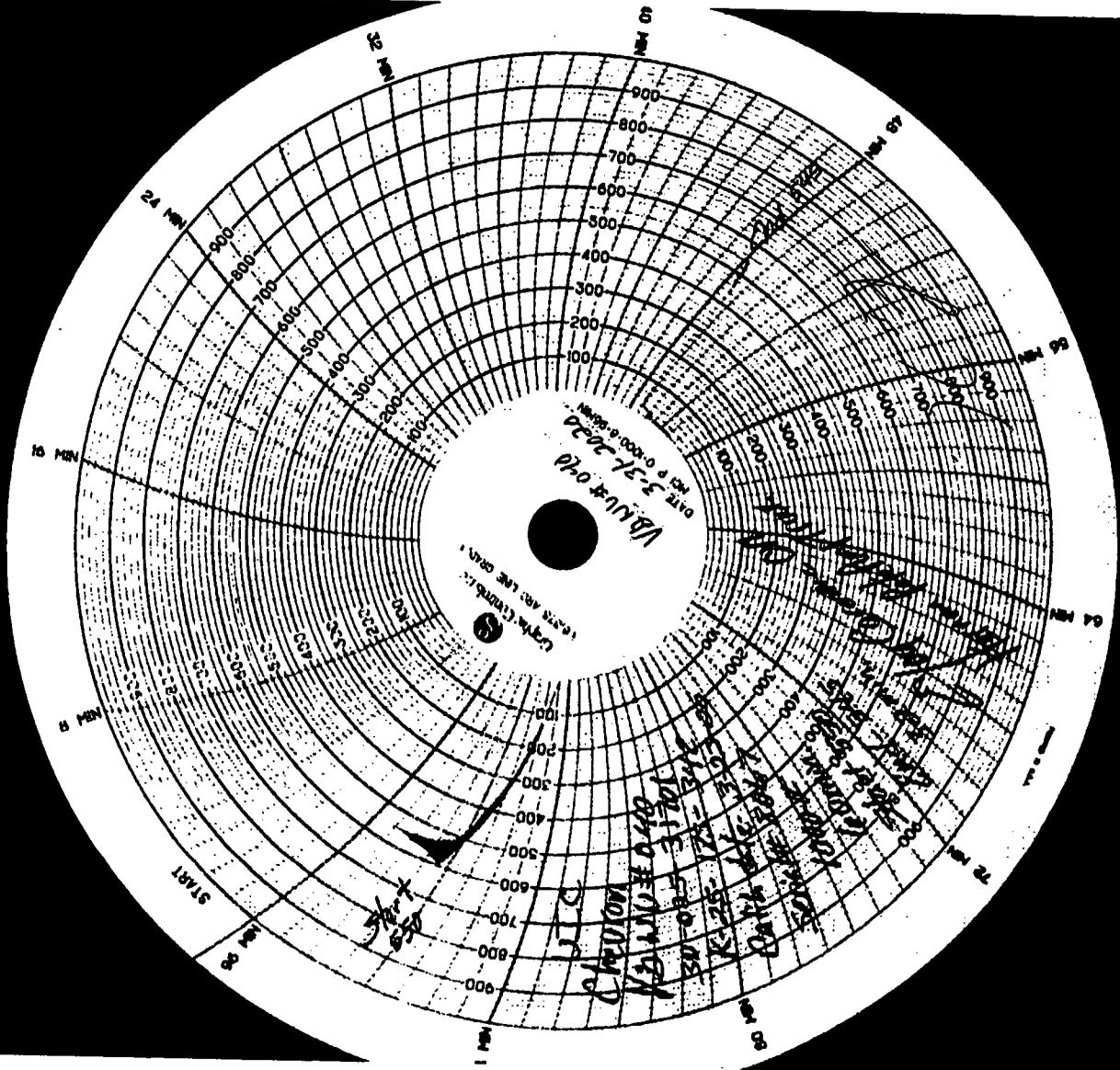
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

*Final
 extension*

SIGNATURE Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 04/01/2020

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431
 For State Use Only

APPROVED BY: Kerry Fata TITLE CO DATE 4-3-20
 Conditions of Approval (if any):



District I
 1625 N French Dr. Hobbs, NM 88240
 Phone (575) 393-6161 Fax (575) 393-0720

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Chevron USA Inc.</i>		API Number <i>30-025-31701</i>
Property Name <i>Vacuum & Loxieth West Unit</i>		Well No. <i># 040</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
<i>K</i>	<i>25</i>	<i>17S</i>	<i>34E</i>	<i>1590</i>	<i>FSL</i>	<i>2404</i>	<i>FWL</i>	<i>Lea</i>

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
<input checked="" type="radio"/> YES NO	<input checked="" type="radio"/> YES NO	INJ SWD	OIL GAS	<i>3-31-20</i>

OBSERVED DATA

	(A)Surf/Intern	(B)Intern(1)	(C)Intern(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	/	/	<i>0</i>	/
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 _____
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR _____
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS _____
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	If applicable type
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	fluid injected for
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	/	/	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

TA - Extension
MIT - Passed

Signature: <i>Eley Carmona</i>	OIL CONSERVATION DIVISION
Printed name: <i>Eley Carmona</i>	
Title: <i>ESRS</i>	Entered into RBDMS
E-mail Address: <i>ECarmona@Chevron.com</i>	Re-test
Date: <i>3-31-2020</i>	Phone: <i>575-200-6265</i>
Witness:	