Submit 1 Copy To Appropriate District Office	State of New Mex	ico		Form C-103
	Energy, Minerals and Natura	l Resources		Revised July 18, 2013
625 N. French Dr., Hobbs, NM 88249-10			WELL API NO	).
District II - (575) 748-1283 811 S. First St., Artesia, NM 8530 District III - (505) 334-6178	- (575) 748-1283 OIL CONSERVATION DIVISION		30-025-38637	
District III - (505) 334-61-78	1 S. First St., Artesia, NM 85210 CONSERVATION DIVISION istrict III - (505) § 34-51.78 2007 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 874 100			STATE S FEE	
District IV - (505) 476-3469N	Santa Fe, NM 875	05	6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Sana Fe, NM 87505	)			
87505	S 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			CENTRAL VACUUM UNIT	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other INJECTOR			8. Well Number	er 455
2. Name of Operator			9. OGRID Nur	mber
CHEVRON USA INC			4323	
3. Address of Operator			10. Pool name or Wildcat	
6301 DEAUVILLE BLVD, MIDLAND, TX 79706			VACUUM; GRAYBURG SAN ANDRES	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4. Well Location			. 0 1	umom "
	<del>_</del>		eet from the	<u>WEST</u> line
Section 36 Township 17S Range 34E			NMPM	County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
4008' GL				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   CASING/CEMENT JOB   OTHER: MIT REPAIR  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.  CHEVRON USA INC. HAS REPAIRED WELL. THE INJECTION WELL FAILED A MIT TEST AND WELL WAS REPAIRED AND WE WILL RETURN TO INJECTION.				
PLEASE FIND ATTACHED WELLBORE DIAGRAM AND MIT CHART				
I DEVOCTINE AT LUCIDES A POSSOCIA DIVOLVIAI VIAS INITI CITULI				
		•		
Spud Date:	Rig Release Date	e:		
•				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
i mereo, contro, unus une misermusian une				
Crafettenna (V) (D)				
SIGNATURE				
Type or print name _CINDY HERRERA-MURILLO E-mail address: _Cherreramurillo@chevron.com PHONE: _575-263-0431				
For State Use Only				
· V.	a to	<i>Λ</i> Λ		7-26-26
APPROVED BY: Key Jake TITLE C G A DATE 1-29-26				
Conditions of Approval (if any):				

