

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

WELL API NO. 30-025-25809
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 #6
9. OGRID Number 4323
10. Pool name or Wildcat VACUUM; GRAYBURG-SAN ANDRES

HOBBS OCD  
 JUL 24 2020  
 RECEIVED

**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 INJECTION

2. Name of Operator  
CHEVRON USA INC

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

4. Well Location  
 Unit Letter C : 1310 feet from the NORTH line and 2560 feet from the WEST line  
 Section 30 Township 17S Range 35E 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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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: ANNUAL MIT TEST <input checked="" 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.

**CHEVRON USA INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.  
 CHART ATTACHED  
 \*\*\* 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.

SIGNATURE Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 07/23/2020

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

APPROVED BY: Kenny J. [Signature] TITLE C O A DATE 8-5-20  
 Conditions of Approval (if any):

District 1  
 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>30-025-25809</i>
Property Name <i>Central Vacuum Unit</i>		Well No. <i>#6</i>

Surface Location

UL - Lot <i>C</i>	Section <i>30</i>	Township <i>175</i>	Range <i>35E</i>	Feet from <i>1310</i>	N/S Line <i>N</i>	Feet From <i>2560</i>	E/W Line <i>W</i>	County <i>Lee</i>
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ SWD	PRODUCER OIL GAS	DATE <i>7-14-20</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<del>/</del>	<del>/</del>	<i>0</i>	<i>1800</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	WTR _____
Surges	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	GAS _____
Down to nothing	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<del>/</del>	<del>/</del>	<i>Y/N</i>	Waterflood

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

*Special MIT*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Eloy Carmore</i>	Entered into RBDMS
Title: <i>SSPS</i>	Re-test
E-mail Address: <i>E Carmore</i>	<i>[Signature]</i>
Date: <i>7-14-20</i>	Phone: <i>575-200-6265</i>
Witness:	

PRINTED IN U.S.A.

 Graphic Controls

TUBE & CRP. SIZE  
THE TAKER OFF  
DATE TAKEN OFF

METER NUMBER  
THE PUT ON  
DATE PUT ON

BR B 0-5000-8-IHR  
SERIAL 7-14-2020  
CUV# 6

START  
7/14/20

*[Handwritten scribble]*

*[Handwritten notes and scribbles in the upper portion of the scale]*



