Submit 1 Copy To Appropriate District	State of New Mexico		•	Form C-103 Revised July 18, 2013	
<u>District T</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	Kevised July 18, 2015	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-33968		
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of L STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas L	FEE 🔀 ease No.	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA		PLUG BACK TO A	7. Lease Name or Ur ESPERANZA 13	nit Agreement Name	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 2	8. Well Number 2	
2. Name of Operator			9. OGRID Number 241333		
CHEVRON MIDCONTINENT, L.P. 3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat CARLSBAD;WOLFCAMP,SOUTH(GAS)		
4. Well Location	XAS /9/05		CARLSBAD;WOLF	CAMP,SOUTH(GAS)	
	from SOUTH line and 2287	feet from the EAST	line .		
Section 13	Township 22S	Range 26E		ounty EDDY	
	11. Elevation (Show whether 3151' GL	DR, RKB, RT, GR, etc	) ( Liperatur 		
NOTICE OF INT PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or completed	PLUG AND ABANDON CHANGE PLANS CHANGE PLANS CHANGE PLANS CHEMICIPLE COMPL COMPL CHEMIC PLANE COMPL CHEMIC PLANE PLA	SUE REMEDIAL WOI COMMENCE DF CASING/CEMEN OTHER: WC all pertinent details, an AAC. For Multiple Co OM 05/13/2013 THRC	BSEQUENT REPC RK AL RILLING OPNS. AL NT JOB A DEFCAMP RECOMPLET nd give pertinent dates, i completions: Attach well DUGH 06/14/2013 FOR A	ORT OF: TERING CASING AND A ON ncluding estimated date bore diagram of	
				ONSERVATION	
Spud Date:	Rig Release	e Date:		1 6 2014	
I hereby certify that the information a	bove is true and complete to the	he best of my knowled	ge and belief. Rt	CEIVED	
SIGNATURE ALLE PURE	KEDN_TITLE R	EGULATORY SPEC	IALIST DATE	E 06/12/2014	
Type or print name DENISE PINKE For State Use Only	RTON E-mail add	iress: <u>leakejd@chevr</u>	on.com PHONE	E: 432-687-7375	
APPROVED BY:	UULIITLE_/	15T H Den	DATE	6/23/14	
Type or print name DENISE PINKE For State Use Only APPROVED BY: Conditions of Approval (if any): Accepted For Record CD Obes Not ne scaption of well work	- Please S.	stit wor	k Summar	y - noo d	
och does not ne	ed Daily Job 1	eport for t	pouel, etc. 1.	1000	
scaption of well work	conly - AD				