JUN 2 5 2013

Submit One Copy To Appropriate District	State of New Mo	exico	Form C-103
Office District 1 1625 N. French Dr., Hobbs, NM 88240 RECEIVE	pergy, Minerals and Nati	ural Resources	Revised November 3, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 RECLIVED			30-025-35067
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE S FEE	
District IV	Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ND REPORTS ON WELLS	3	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		UG BACK TO A	Monument 23 State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
I. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other: Water Injection		8. Well Number: 28	
2. Name of Operator		9. OGRID Number	
Chevron USA, Inc		4323	
3. Address of Operator			10. Pool name or Wildcat Monument; YESO, NW
15 Smith Road Midland, TX 79705			Wionument, 1 ESO, N W
4. Well Location	31 4 W 1000 C . C	A M	
Unit Letter: E: 2310 feet from the			·
Section: 23 Township: 19-S Ra		County Lea	•
	levation (Show whether DR	R, RKB, RT, GR, etc.,	
3735' 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate Box to mulc.	ate mature of motice, is	report of Other D	vata
NOTICE OF INTENT	ION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		·	
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULT	TIPLE COMPL	CASING/CEMEN	T JOB
OTHER:		⊠ Location is re	eady for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter a	nd at least 4' above ground	level has been set in	concrete. It shows the
	AND MOVE SUITABLE	A DA MARADOD AL	LADODO ALLADED LACATION OD
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and			
other production equipment.			
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed			
from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.)			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well			
	. 11 (.1) -1		d Constitute to the second Constitute and small
		ical service poles an	d lines have been removed from lease and well
lf this is a one-well lease or last remain location, except for utility's distribution infi		ical service poles an	d lines have been removed from lease and well
location, except for utility's distribution infi	astructure.	-	
	astructure.	-	
When all work has been completed, return t	rastructure. his form to the appropriate	District office to sch	edule an inspection.
location, except for utility's distribution infi	rastructure. his form to the appropriate	-	edule an inspection.
When all work has been completed, return t	his form to the appropriate TITLE: C	District office to sch	MC) DATE <u>6 - 24 - 1</u>
When all work has been completed, return t	his form to the appropriate TITLE: C	District office to sch	MC) DATE <u>6 - 24 - 13</u>
When all work has been completed, return to SIGNATURE TYPE OR PRINT NAME: Bill Beck For State Use Only	his form to the appropriate TITLE: C	District office to sch	MC) DATE <u>6 - 24 - 13</u> m PHONE: <u>575-390-1412</u>
When all work has been completed, return to SIGNATURE TYPE OR PRINT NAME: Bill Beck	his form to the appropriate TITLE: C	District office to sch	MC) DATE <u>6 - 24 - 1</u>