Submit One Copy To Appropriate District	State of New Me	exico	Form C-103		
Office District I	Energy, Minerals and Natu		Revised November 3, 2011		
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION		WELL API NO. 30-025-31460		
811 S. First St., Artesia, NM 88210 District III	1220 South St. Fran		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87	_	STATE FEE 6. State Oil & Gas Lease No.		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	54114 1 0, 1414 0 /		6. State Off & Gas Lease No.		
SUNDRY NOTICE	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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.			West Lovington Unit		
1. Type of Well: Soil Well Ga	as Well 🔲 Other:	AP A A 2048	8. Well Number 095		
2. Name of Operator		ICT 0 9 2014	9. OGRID Number		
Chevron, Mid Continent, L.P. 3. Address of Operator			241333 10. Pool name or Wildcat		
15 Smith Road, Midland, TX 79705		RECEIVED	Lovington; Upper San Andres, West (Oil & Gas)		
4. Well Location					
Unit Letter: E 2625 feet from the Nor	th line and 1240 feet from the W	<u>est</u> line			
Section: 8 Township 17S Range 36E					
I I	1. Elevation (Show whether DR, 8890	, RKB, RT, GR, etc.			
12. Check Appropriate Box to Ir		eport or Other I	Data		
NOTICE OF INTE	ENTION TO:	i SUB	SSEQUENT REPORT OF:		
	PLUG AND ABANDON 🛛	REMEDIAL WOR			
TEMPORARILY ABANDON 🗍 (CHANGE PLANS	COMMENCE DR	ILLING OPNS. P AND A		
PULL OR ALTER CASING N	MULTIPLE COMPL	CASING/CEMEN	IT JOB		
OTHER:			ready 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 and at least 4' above ground level has been set in concrete. It shows the					
A steet marker at least 4 in diameter and at least 4 above ground level has been set in concrete. It shows the					
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.					
		cal service poles ar	nd lines have been removed from lease and well		
location, except for utility's distribution	ı ınfrastructure.		P.M.		
When all work has been completed, retr	urn this form to the appropriate I	District office to scl	hedule an inspection.		
SIGNATURE:	TITLE: _	Construction Rep	DATE: <u>10/8/14</u>		
TYPE OR PRINT NAME: Jon Ruff E-MAIL: jruff@chevron.com PHONE: 916-708-8248 For State Use Only					
Ok to release: Mah Whitelan Compliance Officer 10/20/2014					
UK 10 TOROSE.	•		OCT 2 0 20141		

4.4

Lea County Electric Cooperative, Inc. Disconnect Service Order Request



SERVICE ORDER REQUEST

Transfer/change of service of power service from one person's name to another cannot be completed without the permission of both parties or the owner of the property.

*Requested by: Chris hennemer Chevron	
Disconnect:	
Name:	
Member Number:SS#	
DL#	
. FORWARDING MAILING ADDRESS:	
City, State, Zip Code:	
Daytime Telephone Number:	
SERVICE LOCATION OR ADDRESS: <u>CASTER SHIPP PME</u> WL	u 57 (95) 96
METER NUMBER: PME # 46065 Pole #5 007311, 0	007306, 006489,006488,006
CHANGE OF PROPERTY (LOUIS A)	, and the second
DATE OF CHANGE: 15-14	to the second se
Signature	
10 - 15 - 14 Date	
FOR OFFICE USE ONLY	
LCEC Representative:	
Service Change Date:	The second of the second secon
Member No. and Sub:	