Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 8824BS O District II – (575) 748-1281 OBBS O	CD	WELL API NO. 30-025-31108
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM/874101 6 20	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)		LOVINGTON PADDOCK UNIT 8. Well Number 087
	Well Other	/
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		9. OGRID Number 241333
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXA	S 79705	10. Pool name or Wildcat PADDOCK
4. Well Location	Jorden ste East /	
Unit Letter: B 1138 feet from		
Section 36	Township 16S Range 36E	NMPM County LEA
	. Elevation (Show whether DR, RKB, RT, GR, etc.	:.)
12. Check App	ropriate Box to Indicate Nature of Notice	, Report or Other Data
E-PERMITTING <swd< td=""><td>INJECTION></td><td>SEQUENT REPORT OF:</td></swd<>	INJECTION>	SEQUENT REPORT OF:
P CONVERSION F	REMEDIAL WOR	
T RETURN TO T	COMMENCE DF	
P CSNGENVIRO	CHG LOC CASING/CEMEN	NT JOB
D INT TO PA P&A NR	P&A R	
C⊾ OTHER:	OTHER: TEM	PORARILY ABANDON W/CHART
13. Describe proposed or completed	operations. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
	SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or recomp	letion.	
	N CHART. PRESS TO 560 PSI FOR 32 MINUT	ES. (ORIGINAL CHART & COPY OF
CHART ATTACHED). WITNESSED H	This Approval of Tempo	rary 1- loo M
WELL IS TEMPORARILY ABANDON		552011
	,	. /
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my knowled	ge and belief.
I with a	1 the	
SIGNATURE SIGNATURE	TITLE REGULATORY SPEC	IALIST DATE 05/13/2016
Type or print name DENISE PINKERT For State Use Only	ON E-mail address: <u>leakejd@chevr</u>	PHONE: 432-687-7375
YY OLUM M	Known Mint C	PAULINOUS Elantonu
APPROVED BY:	TITLE DUL Suf	DATE J CO LOTO
Conditions of Approval (if any):		/

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