HOBBS OCD

| Submit One Copy To Appropriate District DEC 1 3 2053 ate of New Mexico Office | Form C-103 |
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| District I Energy, Minerals and Natural Resources | Revised November 3, 2011 WELL API NO. |
| 1625 N. French Dr., Hobbs, NM 88240 District II | 30-025-31369 |
| 811 S. First St., Artesia, NM 88210 OTL CONSERVATION DIVISION | 5. Indicate Type of Lease |
| District III 1220 South St. Francis Dr. | STATE FEE |
| District IV Santa Fe, NIVI 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | |
| SUNDRY NOTICES 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 SUCH | |
| PROPOSALS.) | Lovington SAN ANDRES UNIT |
| 1. Type of Well: Poil Well Gas Well Other | 8. Well Number # 75 |
| 2. Name of Operator | 9. OGRID Number |
| Chevron Mid Continent L.P. 3. Address of Operator | 241333 10. Pool name or Wildcat LoviNSTON |
| · • • • • • • • • • • • • • • • • • • • | |
| 15 Smith ROAD Midland TX 79705 4. Well Location | Gray Burg-San ANDRES |
| Unit Letter N : 145 feet from the S line and feet from the W line | |
| Section 34 Township 165 Range 36E NMPM County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc. | |
| 11. Dievation (Snow whether DN, IdD, N1, ON, etc. | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other | Data · |
| | |
| } | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO | · |
| | RILLING OPNS. P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME | NI JUB L. |
| 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 | |
| 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, pro | |
| from lease and well location. | |
| All metal bolts and other materials have been removed. Portable bases have been rem | oved. (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. | . 1 |
| If this is a one-well lease or last remaining well on lease: all electrical service poles a | nd lines have been removed from lease and well |
| location, except for utility's distribution infrastructure. | |
| When all would had been applied of unknown thin Court to the applied to Clinical Court to the | tadula an inconstian |
| When all work has been completed, return this form to the appropriate District office to so | nedule an inspection. |
| | 7 - 43 - 43 |
| SIGNATURE 13 11 Seek TITLE Chevron Cons | 1+. Rep. DATE 12-12-13 |
| TYPE OR PRINT NAME B:11 BECK E-MAIL: WBDS OChe | PHONE:575-390-1412 |
| For State Use Only A | |
| Wal Juk. | e Officer DATE 12/13/2013 |
| APPROVED BY: TITLE COMPLIANCE | 6 Species DATE 1 4/13/2013 |
| , (1) | 4 DEC # & 2d12 / |
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