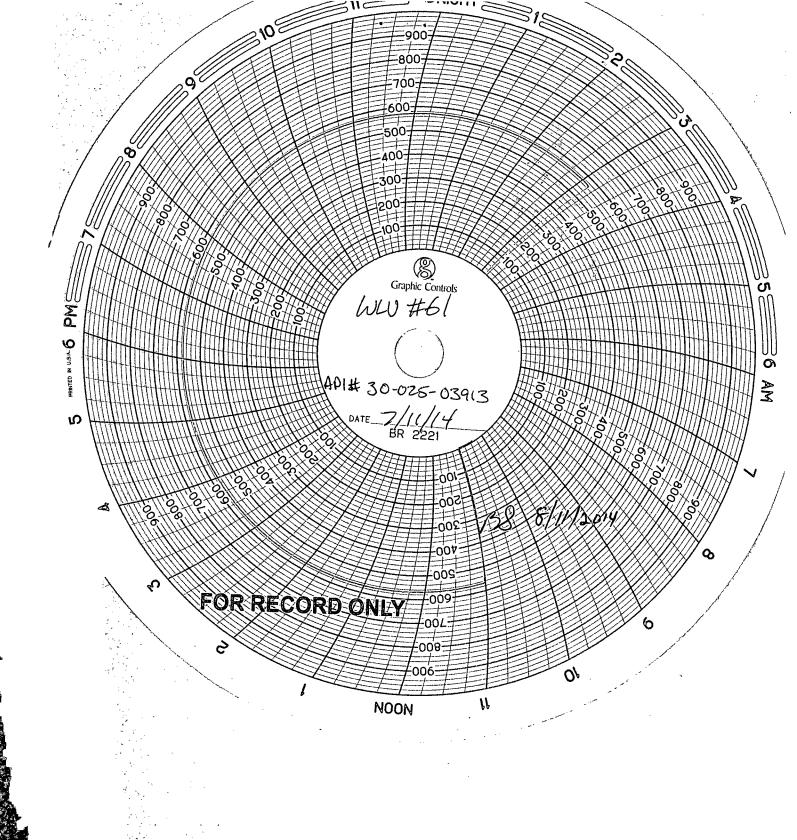
Submit 1 Copy To Appropriate District Office	Fine State of New Wexter S		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			3002503913
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran	ncis Dr.	5. Indicate Type of Lease
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87	7505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	<u> </u>		
(DO NOT USE THIS FORM FOR PRO	OTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PL PLICATION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT
1. Type of Well: Oil Well			8. Well Number 61
2. Name of Operator CHEVRON MIDCONTINENT, L.	D	AUG 0 6 2014	9. OGRID Number
3. Address of Operator	r.	RECEIVED	10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, T	K 79705	RECE	LOVINGTON UPPER
4. Well Location			
Unit Letter_K _:_ 2310_feet from the _SOUTH _ line and _1980 _feet from the _WEST _line Section 8 Township 17-S Range 36-E NMPM County LEA			
Section 8	Township 17-S Range 11. Elevation (Show whether DR		
11. Elovation (snow memor DA, KKB, KT, GK, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	INTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL C	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	LLING OPNS. P AND A
OTHER:		OTHER: ANNUA	L MIT TEST
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL. CHART ATTACHED. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** Spud Date: Rig Release Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
CICNATUDE.	Titri E. De	CULATORY ACC	CTANT DATE: 7/02/0014
SIGNATURE:TITLE: REGULATORY ASSISTANT DATE:7/23/2014			
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617			
For State Use Only			
APPROVED BY: Bil Semanah TITLE Staff Manager DATE 8/11/2019 Conditions of Approval (if any): FOR RECORD ONLY			
Conditions of Approval (if any): FOR RECORD ONLY			
			AUG 1 2 2014



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