Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONGERNATION BY TOTAL		WELL AF	2002502025	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5 Indicate	Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STA		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa i C, NWI 87303		6. State Oil & Gas Lease No.		
87505					
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name  LOVINGTON SAN ANDRES UNIT		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				<u> </u>	
1. Type of Well: Oil Well	Gas Well X Other Injector		8. Well Number 42		
2. Name of Operator	Oil Well Gas Well X Other Injector		9. OGRID Number		
2. Name of Operator  CHEVRON MIDCONTINENT, L.P.  ALIG 0 6 2014					
3. Address of Operator	•		10. Pool name or Wildcat		
15 SMITH ROAD MIDLAND, TX 79	9705	FOEWED			
4. Well Location					
Unit Letter_F _:_1980 _feet from the _NORTH _ line andfeet from theline					
Section 1 Township 17-S Range 36-E NMPM County LEA					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING					
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐					
PULL OR ALTER CASING					
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM					
OTHER:		OTHER: ANNU	OTHER: ANNUAL MIT TEST		
	pleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA completion.				
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**					
				·	
	<del></del>				
Spud Date:	Rig Release D	Date:			
L		<u> </u>			
I hereby certify that the information	above is true and complete to the	best of my knowled	ge and belief.		
SIGNATURE:TITLE: REGULATORY ASSISTANT DATE:7/11/2014					
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617					
For State Use Only					
APPROVED BY: Bel Somanak TITLE Staff Manager DATE 8/11/2014  Conditions of Approval (if any):  FOR RECORD ONLY					
Conditions of Approval (if any):					
••	FORF	IECOIND O	- <del></del> -	4	

