HOBBS OCD

Submit One Copy To Appropriate District Office State of New Mexi	co FEB 25 LONG	Form C-103	
Submit One Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1625 N. French Dr., Hobbs, NM 88240 District II 1626 N. French Dr., Hobbs, NM 88240 District II 1626 N. French Dr., Hobbs, NM 88240 District II 1627 N. French Dr., Hobbs, NM 88240 District II 1627 N. French Dr., Hobbs, NM 88240 District II 1628 N. French Dr., Hobbs, NM 88240 District II 1629 N. French Dr., Hobbs, NM 88240 District II 1629 N. French Dr., Hobbs, NM 88240 District II 1629 N. French Dr., Hobbs, NM 88240 District II 1620 N. French Dr., Hobbs, NM 88240 District II 1620 N. French Dr., Hobbs, NM 88240			
District II OIL CONSERVATION D	DIVISION & 30-025-31552		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION D District III 1220 South St. Franci	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	OS STATE L FE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease N	0.	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agr		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	SUCH	ES UNIT	
PROPOSALS.)	8. Well Number		
1. Type of Well: Oil Well Gas Well Other	086		
2. Name of Operator Chevron USA Inc. In deartine wt, L f	9. OGRID Number		
3. Address of Operator	10. Pool name or Wildcat	10. Pool name or Wildcat	
6301 Deauville Blvd., Midland, TX 79706	LOVINGTON SAN ANDR	ES G/B	
4. Well Location:			
Unit Letter_C :1,170_feet from the NORTH line and 1400 feet from the WEST line			
Section 6 Township 17-S Range 37-E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,828' GR			
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 MULTIPLE COMPL C	CASING/CEMENT JOB	1 pm.	
OTHER: □ □ □ □ Location is 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, 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. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well			
location, except for utility's distribution infrastructure.			
Note: Fencing near location belongs to right of way company. All other lines in area are part of an active system.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
SIGNATURE Katherine PapageorgeTITLEDecommissioning Project ManagerDATE2.25.19_			
TYPE OR PRINT NAMEKatherine Papageorge E-MAIL: _Katherine.Papageorge@chevron.com PHONE:832-854-5291 For State Use Only			
APPROVED BY: Xerry Forthe TITLE CO	mpliance office A DATE	2-26-19	