| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|---|--|----------------|--|
| District I | Energy, Minerals and Natural Resources | | Revised November 3, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 District II |) | | WELL API NO. |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-03914 |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease STATE 🛛 FEE 🗍 |
| District IV | Sonto La NIM VISUS | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | Q ₂ | |
| 87505 SUNDRY NOTIC | ES AND REPORTS ON WE | | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR COST BACK TO A | | | WEST LOVINGTON UNIT |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM CONFOR SUCHAR | | | 8. Well Number |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR THE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM CONFOR SUCH) PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | #044 |
| | | | 9. OGRID Number |
| Chevron U.S.A.Inc. Midlantia ent LP | | | 241333 |
| 3. Address of Operator | 70707 | R | 10. Pool name or Wildcat |
| 6301 Deauville Blvd., Midland, TX | /9/06 | • | LOVINGTON UPPER SA WEST |
| 4. Well Location: | | | |
| Unit Letter_C_:660_feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line | | | |
| Section <u>8</u> Township <u>17-S</u> Range <u>36-E</u> NMPM County <u>LEA</u> | | | |
| 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 D PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | |
| TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILLING OPNS. 🗌 P AND A 🗌 | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | т јов 🔲 |
| OTHER: | | | adv for OCD inspection after P&A |
| OTHER: In the 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 | | | |
| | | | |
| <u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> 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. | | | |
| | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| SIGNATURE <u>Katharina Papageorge</u> TITLE Decommissioning Project Manager DATE 5.22.19 | | | |
| TYPE OR PRINT NAMEKatherine Papageorge_E-MAIL: _Katherine.Papageorge@chevron.com_ PHONE:832-854-5291 | | | |
| APPROVED BY: RICK RICKMAN TITLE DIST ISUN DATE 5-50-19 | | | |
| APPROVED BY: KICK | KMANTITL | EDist ISU | V DATE 5-50-17 |
| | | | |