Submit One Copy To Appropriate District	State of New N	1exico		Form C-103	
Office District I	Energy, Minerals and Natural Resources		Revised November 3, 2011		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-31542		
<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	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease N	ame 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			Lovington San Andres Unit		
PROPOSALS.)			8. Well Number		
1. Type of Well: Oil Well Gas Well Other: Injection			76		
2. Name of Operator CHEVRON Midcontinent, L.P.			9. OGRID Number 241333		
3. Address of Operator			10. Pool name or Wildcat		
6301 Deauville Blvd., Midland, TX 79706			Lovington GB San Andres		
4. Well Location:					
Unit Letter_B_:_1058_feet from the NORTH line and 1480_feet from the EAST line					
Section 36 Township 16-S Range 36-E NMPM County LEA					
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3.830' GL				
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 DR	ILLING OPNS	. PANDA	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB		
OTHER:		☑ Location is r	eady 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					
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.</u>					
TERMANENTET STAMTED ON THE MARKER S SORFACE.					
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.					
Anchors, dead men, he 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.					
tocation, except for utility 3 distribution infrastructure.					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE Katherine Papageorge TITLE Decommissioning Project Manager DATE 5.8.20					
TYPE OR PRINT NAMEKatherine Papageorge_E-MAIL: _Katherine.Papageorge@chevron.com PHONE:832-854-5291 For State Use Only					
APPROVED BY: Keny Fr	TITLE		H	DATE 3~10 C	