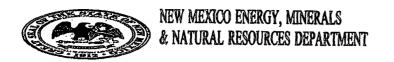
HOBBS OCD

| Submit One Copy To Appropriate District Office State of New Me | Form C-103 | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|
| District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and | Resources Revised November 3, 2011 WELL API NO. | | | | |
| District II OIL CONSERVATION | 20 025 02552 | | | | |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION District III 1220 South St. Fran | 5 Indicate Type of Lease | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | SIATE X FEE | | | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO | P SIICH | | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injection | 8. Well Number 45 | | | | |
| 2. Name of Operator | 9. OGRID Number | | | | |
| CHEVRON Midcontinent, L.P. 3. Address of Operator | 241333 10. Pool name or Wildcat | | | | |
| 6301 Deauville Blvd., Midland, TX 79706 | Lovington San Andres | | | | |
| 4. Well Location: | | | | | |
| Unit Letter_G_:_1980_feet from the NORTH line and 1980_fe | et from the <u>EAST</u> line | | | | |
| Section 2 Township 17-S Range 36-E NMPM | County <u>LEA</u> | | | | |
| 11. Elevation (Show whether DR, | RKB, RT, GR, etc.) | | | | |
| 3,835' GL | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Re | eport or Other Data | | | | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK | | | | |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. P AND A | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL | CASING/CEMENT JOB | | | | |
| OTHER: | □ Location is ready for OCD inspection after P&A | | | | |
| All pits have been remediated in compliance with OCD rules and the | | | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection A steel marker at least 4" in diameter and at least 4' above ground least 4. | | | | | |
| | | | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, A | | | | | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. A PERMANENTLY STAMPED ON THE MARKER'S SURF | | | | | |
| | | | | | |
| The location has been leveled as nearly as possible to original grounds. | nd 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 to | uvo feet helovy ground level | | | | |
| ☐ Afficious, dead filed, the downs and risers have been cut off at least to ☐ If this is a one-well lease or last remaining well on lease, the battery | | | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. | | | | | |
| 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. | | | | | |
| rocation, except for utility 3 distribution infrastructure. | | | | | |
| | | | | | |
| When all work has been completed, return this form to the appropriate D | - | | | | |
| SIGNATURE Katherine Papageorge TITLE | Decommissioning Project ManagerDATE5.12.20 | | | | |
| TYPE OR PRINT NAMEKatherine Papageorge_E-MAIL: _Katherine.Papageorge@chevron.com PHONE:832-854-5291 | | | | | |
| For State Use Only | | | | | |
| APPROVED BY: Kerry Fut title (| DATE 5-29-20 | | | | |
| d | | | | | |



APPROVED BY Lary Folmson

TITLE: C/O A

EMNRD - DISTRIC 1 1625 N FRENCH DRIVE HOBBS NM 88240 575-393-6161

| OPERATOR NAME API PROPERTY NAME | 30 - a | on 25-038. | | | O RELEASE | |
|---------------------------------|---------|---------------|----------|-------|-----------|---------------|
| WELL LOCATION | UL- LOT | SECTION 2 | TOWNSHIP | RANGE | | COUNTY LEA |
| A'D OK TO RELASE Aborc 9 | | arker- 0 | k | | | · |