Submit I Copy To Appropriate District	State of New Mexico		/	Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resources			evised August 1, 2011
Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161 Energy, Minerals and Natural Resources District II – (575) 748-1283 District II – (575) 748-1283 Energy OIL CONSERVATION DIVISION		WELL API NO.		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-03897 5. Indicate Type of Lea	50
District III - (505) 334-6178 12 2013 1220 South St. Francis Dr.		STATE	FEE	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87418 1000 Rio, Consultation of the state of the		6. State Oil & Gas Leas		
1220 S. St. Francis Dr., Santa Fe, NM	ED			
87505 DECEN	AND REPORTS ON WELLS		7. Lease Name or Unit	Agreément Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			West Lovington Unit	Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number: 16	
1. Type of Well: Oil Well, Gas Well \overline{\text{\tiny{\text{\tiny{\text{\texitin}\eta}\text{\texi}\tint{\text{\text{\text{\texi}\text{\text{\text{\text{\tex{\text{\text{\texi}\text{\text{\texi}\tint{\text{\texi{\texi}\ti\texi{\text{\texi{\text{\texit{\texi{\texi{\texi{\texi{\tex				
2. Name of Operator			9. OGRID Number:	1
Chevron Midcontinent L.P.			150661 2	11333
3. Address of Operator			10. Pool name or Wildo Lovington Upper San Andres	
15 Smith Road Midland, TX 79705			Lovington Opper San Andres	
4. Well Location	a a d covern		000	
Unit Letter1980				_EASTline
	Township 17-S Range		NMPM Coun	ty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3846' GL				
- William William 1997 William 1997	10 GL			A recognished which as sometimes and
12 Check Appr	opriate Box to Indicate N	ature of Notice	Report or Other Data	
12. Check Appl	ophate box to indicate is	ature of Notice,	Report of Other Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				RING CASING 🔲
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				da 🥢 🖾
	LTIPLE COMPL	CASING/CEMEN	IT JOB .	,
DOWNHOLE COMMINGLE			•	
OTHER:	. \square	OTHER:		
13. Describe proposed or completed	operations. (Clearly state all p		nd give pertinent dates, incl	luding estimated date
of starting any proposed work).				
proposed completion or recompl				
11-13-12 - Todd C. contacted OCD, circu	lated 25 sks of salt gel. With 6	60 bbls of Brine Pe	erf @ 3260' Spot 15 sks plu	ıg @
3336'. 11-14-12 – Todd C. contacted OCD, tag yesterdays plug, 3130' perf @ 3050'. Spot 20 sks plug @ 3111' TOC 2902 perf @				
2050' perf @ 3098, Squeeze 120 sks to su		5050 . Spot 20 sks	s plug @ 3111 100 2702	peri te
Spud Date:	Rig Release Da	ite:		
I hereby certify that the information above	1		20 2 4 1 - 1 - C	
I nereby certify that the information above	y is true and complete to the be	est of my knowledg	ge and belief.	
SIGNATURE // MV // L	TITLE	Representative	DATE	12/01/2012
Type or print name Robert Holden	E-mail address:	_rholden@keyene	ergy.com_ PHONE: <u>432</u> -	<u>523-5155</u>
For State Use Only		,		
APPROVED BY	FITI F	13 t 1000	DATE /	7-14-2013
Conditions of Approval (if apy):	The trible to	-1.00-7	DAIL	17-00
" /"//				
	only.			
Approved for plugging of well bore	only. Idina receipt of	W -		_
Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well				
Plugging) which may be found at (OCD web page			
under forms.	- 1 - U			
www.emnrd.state.nm.us/ocd				