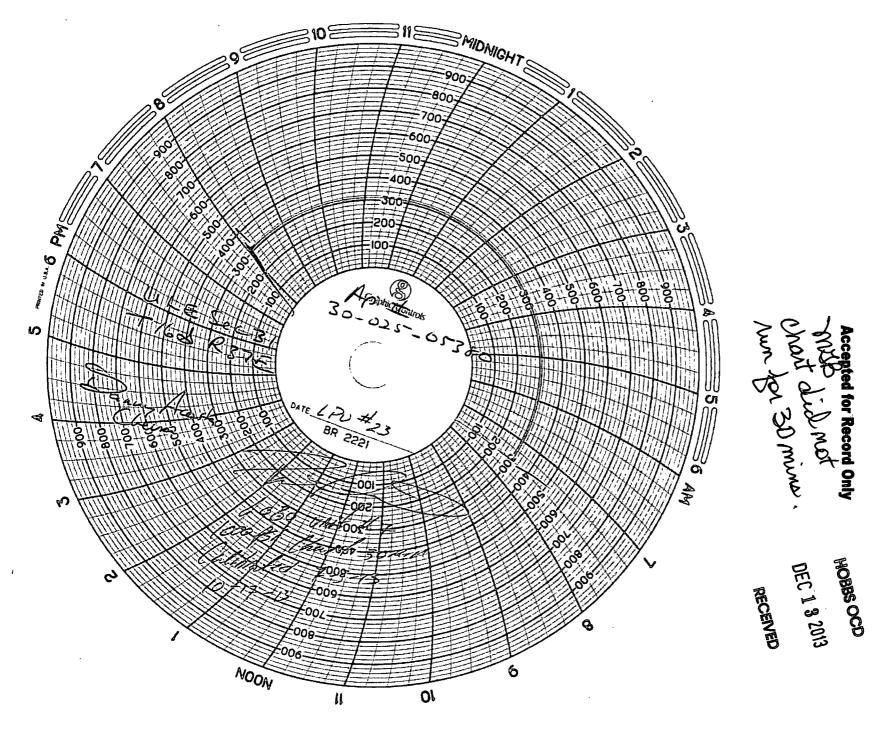
Submit 1 Copy To Appropriate District Office	State of New Me	exico		Form C-103
District = (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	<u>trict:</u> (5/5) 393-6161 <b>Laidy</b> , Willierals and Wateral Resources		WELL API NO.	Revised July 18, 2013
District II – (575) 748-1283	OEC OIL CONSERVATION DIVISION		30-025-05380	
<u>District III</u> – (505) 334-6178	CEVE 220 South St. Fran	ncis Dr.	5. Indicate Type of L	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		STATE 🔀 6. State Oil & Gas L	FEE
1220 S. St. Francis Dr., Santa Fe, NM				
	CES AND REPORTS ON WELLS	)	7. Lease Name or Ur	it Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC			LOVINGTON DAD	
PROPOSALS.)			LOVINGTON PADI 8. Well Number 23	JOCK UNIT
1. Type of Well: Oil Well Gas Well Other INJ  2. Name of Operator			9. OGRID Number	
CHEVRON USA INC Jud Contract J.			4323	
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705			10. Pool name or Wi	
4. Well Location				
Unit Letter <u>E</u> : 2322	ent from the <u>NORTH</u>	line and _750	feet from theV	VESTline
Section 31		lange 37E	NMPM	County LEA
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  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. PAND A				
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM  OTHER:		OTHER:	•	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
proposed completion of recompletion.				
ANNUAL MIT CHART				
				I
Spud Date:	Rig Release De	ate:		
		<u> </u>		I
I hereby certify that the information	above is true and complete to the h	est of my knowledg	e and helief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Charles - M will title <u>PERMITTING SPECIALIST</u> DATE 12/11/2013				
Type or print name <u>CINDY HERRERA MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u>				
For State Use Only				
APPROVED BY:	Accepted for Reco	rd Only	DATE	
Conditions of Approval (if any): MAB 12/27/2013				
TIWN IMPRILATION				

JAN 2 3 2014



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