Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised July 18, 2013 District 1 - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 3002503867 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🛛 Santa Fe, NM 87505 District IV - (505) 476-3460 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 PLUG BACK TO A WEST LOVINGTON UNIT DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH HOBBS OCD PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injector 8. Well Number 36 AUG 0 6 2014 2. Name of Operator 9. OGRID Number 4323 CHEVRON MIDCONTINENT, L.P. 3. Address of Operator 10. Pool name or Wildcat RECEIVED LOVINGTON UPPER SA WEST 15 SMITH ROAD MIDLAND, TX 79705 4. Well Location Unit Letter_O _:_660 _feet from the _SOUTH _ line and _1980 _feet from the _EAST _line Section Township 17-S Range 36-E **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.□ P AND A MULTIPLE COMPL PULL OR ALTER CASING П CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: ANNUAL MIT TEST 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. CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL. CHART ATTACHED. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE: REGULATORY ASSISTANT DATE: __7/16/2014___ SIGNATURE: Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617 For State Use Only FOR RECORD ONLY APPROVED BY: Conditions of Approval (if any):

AUG 1 2 2014

