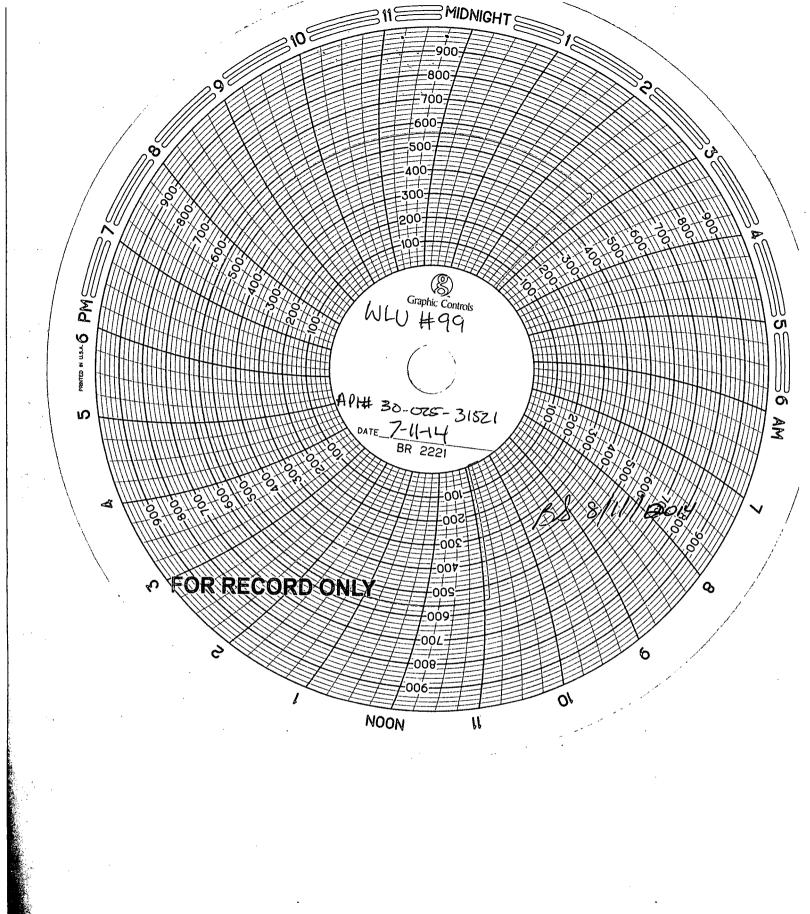
Submit 1 Copy To Appropriate District Office		tate of New Mexico			Form C-103	
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	Energy, Minerals a			Revi WELL API NO. 3002531521	ised July 18, 2013	
<u>District III - (505) 334-6178</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe. NM	1220 South Santa Fe,	St. Frar	ncis Dr.	<ul> <li>5. Indicate Type of Lease</li> <li>STATE  FH</li> <li>6. State Oil &amp; Gas Lease N</li> </ul>	toostati	
87505 SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	CES AND REPORTS ON SALS TO DRILL OR TO DEEPI CATION FOR DEPIMITY (FORM	EN OR PLU	JG BACK TO A	7. Lease Name or Unit Agr WEST LOVINGTON UNIT		
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 99					
2. Name of Operator AUG 0 6 2014				9. OGRID Number		
CHEVRON MIDCONTINENT, L.P. 3. Address of Operator	· · · · · · · · · · · · · · · · · · ·			10. Pool name or Wildcat		
15 SMITH ROAD MIDLAND, TX 7	9705	R	ECEIVED	LOVINGTION UPPER S.	A WEST	
4. Well Location Unit Letter_ D :_ 675_fe	et from the <b>_NORTH</b> _ lir	ne and	_feet from thel	ine		
	wnship <b>17-S</b> Ran	ige	36-E 🛩 N	MPM County LEA		
	11. Elevation (Show whe	ether DR,	. RKB, RT, GR, etc	(.) (1)		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or comp of starting any proposed we proposed completion or rec	ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL Deted operations. (Clearly prk). SEE RULE 19.15.7.1 completion. IC HAS CONDUCTE	state all p I4 NMAC	SUI REMEDIAL WO COMMENCE DI CASING/CEMEI OTHER: ANNU pertinent details, a C. For Multiple C E ANNUAL M	AL MIT TEST AL MIT TEST al give pertinent dates, includin ompletions: Attach wellbore di T TEST ON THE ABO	IG CASING I I I I I I I I I I I I I	
Spud Date:	Rig R	elease Da	ate:			
I hereby certify that the information	above is true and complete	e to the b	est of my knowled	ge and belief.		
SIGNATURE:		TITL	E: REGULATOR	( ASSISTANT DATE:	7/23/14	
Type or print name: Adriann Garo	cia E-mail address: Adr	riann.Ga	rcia@chevron.c	om PHONE: <b>432-687-76</b> 1	17	

For State Use Only		•		
APPROVED BY: Sil Somand TITLE	Staff Manage	_DATE_	8/11/2014	
Conditions of Approval (if any):				1
	FOR RECORD ONLY	AUG	1 2 2014	V



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