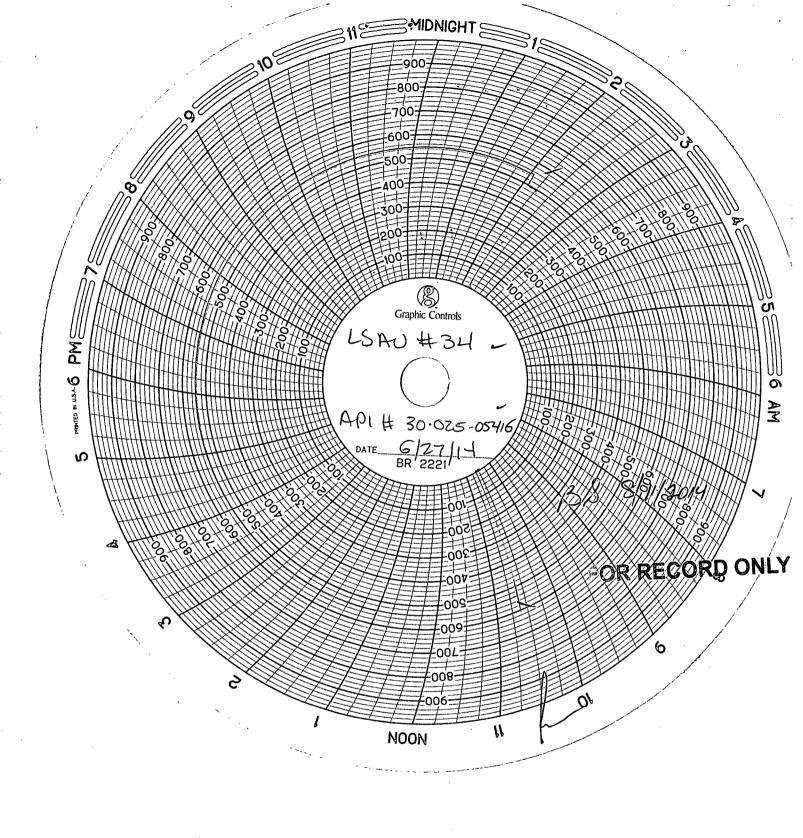
| Office | State of New Me | | | | form C-103 |
|--|--|--------------------|---|-------------------|--------------|
| <u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | | | Revised July 18, 2013 WELL API NO. | | |
| District II = (575) 748-1283 | riet II = (575) 748.1283 | | 3002505416 | | |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | sia, NM 88210 OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Rio Brazos Rd., Aztec, NM 87410 | | STATE FEE | | |
| Santa Fe, NM 87505 220 S. St. Francis Dr., Santa Fe, NM | | | 6. State Oil 8 | & Gas Lease No. | |
| 87505 SUNDRY NOTIC | CES AND REPORTS ON WELLS | . ,,_,, | 7 Leace Nor | me or Unit Agree | ment Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FORDER OF PROPOSALS.) | | | 7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT | | |
| | | | 8. Well Number 34 | | |
| 1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator Aug 0 6 2014 | | | 9. OGRID Number 150661 | | |
| CHEVRON MIDCONTINENT, L.P. | | | | | |
| 3. Address of Operator | | RECEIVED | 1 | ne or Wildcat | |
| 15 SMITH ROAD MIDLAND, TX 79705 | | | LOVINGTON GRAYBURG SAN ANDRES | | |
| 4. Well Location | C A NODELL C | 60 | THE COLUMN | | |
| | from the _ NORTH_ line and _66 | | | O . ITA | |
| Section 6 Tov | vnship 17-S Range 11. Elevation (Show whether DR) | | MPM | County LEA | |
| | 11. Elevation (Snow whether DK, | , KKD, K1, GK, ElC | ソ <u>ド</u> | | |
| | | | | | |
| 12. Check A | ppropriate Box to Indicate N | lature of Notice, | Report or Ot | ther Data | |
| NOTICE OF INT | TENTION TO: | QI IE | SECHENT | REPORT OF | : • |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A | | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | コー コー | |
| DOWNHOLE COMMINGLE | | | | | |
| CLOSED-LOOP SYSTEM OTHER: | | OTHER: ANNUA | AI MIT TEST | | |
| | | OTTES ANTO | AL IVIII TEOT | | |
| of starting any proposed wor proposed completion or reco | | C. For Multiple Co | ompletions: Atta | ach wellbore diag | ram of |
| | C HAS CONDUCTED THE | E ANNUAL MI | T TEST ON | THE ABOVE | E WELL. |
| CHART ATTACHED. | | | | | |
| **PLEASE NOTE TH | IS TEST IS FOR UIC AN | INUAL TESTIN | IG** | | |
| | | | | | |
| <u></u> | •••• | | · | | |
| Spud Date: | Rig Release Da | ate: | | | |
| Spud Date. | | | | j | |
| | | | | | |
| I hereby certify that the information a | bove is true and complete to the b | est of my knowleds | ge and belief. | | |
| · | | | | | |
| SIGNATURE: A.C. | Cuan Da Title . | SECULATORY 44 | COLOTANT TA | TE. 7/11/00 | 1.4 |
| SIGNATURE: | AWWN TILE: F | REGULATORY AS | SOISTANT DA | 1E://11/20 | 14 |
| The second secon | a pastration Addices | and Ochover | nii/Nit | 420 607 7047 | , / |
| Type or print name: Adriann Garci | a E-mail address: Adriann.Ga | ircia@cnevron.c | om PHONE: | 432-68/-/617 | h~ |
| For State Use Only APPROVED BY: Sul Sociotions of Approval (if any): | | | | | V |
| 1 0 | . , | 01 0 | • | 01 | 4102.2. |
| APPROVED BY: / Del So | namah_TITLE | Staff W | andque | _DATE 8// | 1/2014 |
| Conditions of Approval (if any): | EVD. | PECAPA (| ONIY | _ | |
| | FUR | NECUND (| | AUG 1 A | 20 14 |
| | | | | - L W. | 4 U [종] . |



06.27.14 CHELMON L.S.A.U #34 Lobo Trucking