

Submit One Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised November 3, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-21885 ✓
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron, Mid Continent, L.P. — <b>OCT 09 2014</b>		6. State Oil & Gas Lease No.
3. Address of Operator 15 Smith Road, Midland, TX 79705 <b>RECEIVED</b>		7. Lease Name or Unit Agreement Name West Lovington Unit —
4. Well Location Unit Letter: <u>H</u> <u>1650</u> feet from the <u>North</u> line and <u>989</u> feet from the <u>East</u> line Section: <u>8</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>      </u> County <u>Lea</u>		8. Well Number 057
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 241333
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A
<input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. <input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. <input checked="" type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the		

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.  
☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  
☐ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.  
☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  
☒ All other environmental concerns have been addressed as per OCD rules.  
☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.  
☐ If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE: Jon Ruff TITLE: Construction Rep DATE: 10/8/14

TYPE OR PRINT NAME: Jon Ruff E-MAIL: jruff@chevron.com PHONE: 916-708-8248

For State Use Only

Ok To Release Mark White, Compliance Officer ✓ 10/14/14  
**OCT 20 2014**

Lea County Electric Cooperative, Inc.  
Disconnect Service Order Request



SERVICE ORDER REQUEST

Transfer/change of service of power service from one person's name to another cannot be completed without the permission of both parties or the owner of the property.

\*Requested by: Chris Kennemer Chevron

<b>Disconnect:</b>	
Name:	_____
Member Number:	_____ SS# _____
	DL# _____ State _____
FORWARDING MAILING ADDRESS: _____	
City, State, Zip Code: _____	
Daytime Telephone Number: _____	

SERVICE LOCATION OR ADDRESS: LAFTER SHIPP PME WLA 57, 95 + 96

METER NUMBER: PME # 46065 Pole #s 007311, 007306, 006489, 006488, 006487

OWNER OF PROPERTY: CHEVRON

DATE OF CHANGE: 10-15-14

[Signature]  
Signature

10-15-14  
Date

<b>FOR OFFICE USE ONLY</b>
LCEC Representative: _____
Service Change Date: _____
Member No. and Sub: _____

