

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

WELL API NO.: 30-025-~~32173~~ 03747

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
Lovington Paddock

8. Well Number: 007

9. OGRID Number: 241333

10. Pool name or Wildcat  
Lovington; Paddock (Oil & Gas)

SUNDRY NOTICES AND REPORTS ON WELLS  
(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.)  
1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other: Injection  
2. Name of Operator: Chevron, Midcontinent, L.P.  
3. Address of Operator: 15 Smith Road, Midland, TX 79705  
HOBBSOCD  
DEC 17 2014  
RECEIVED

4. Well Location: Unit Letter: P Section: 25 Township 16S Range: 36E; 330 feet from the South line and 330 feet from the East line;  
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐  
☒ Location is ready for OCD inspection after P&A

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  
☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  
☒ 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: 12/17/14

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

For State Use Only

APPROVED BY: Mark Whitaker TITLE: Compliance Officer DATE: 1/13/15  
Conditions of Approval (if any):

JAN 13 2015

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: Christopher Kennemer Chevron

<b>Disconnect:</b>	
Name:	_____
Member Number:	_____ SSN _____
	DL# _____ State _____
FORWARDING MAILING ADDRESS: _____	
City, State, Zip Code: _____	
Daytime Telephone Number:	<u>575-704-2295</u>

SERVICE LOCATION OR ADDRESS: LPU #9 + LPU #7

METER NUMBER: LPU #9 pole 034030 + LPU #7 poles 033991 + 033989

OWNER OF PROPERTY: Chevron

DATE OF CHANGE: 12-23-14

Chevron  
Signature

12-23-14  
Date

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