

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

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.)		WELL API NO.: 30-025-37853
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator: Chevron, USA		6. State Oil & Gas Lease No.
3. Address of Operator: 15 Smith Road, Midland, TX 79705		7. Lease Name or Unit Agreement Name: LE 35 State
4. Well Location: Unit Letter: E Section: 35 Township 16S Range: 37E; 1897 feet from the North line and 978 feet from the West line; NMPM County Lea		8. Well Number: 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3767		9. OGRID Number: 4323
10. Pool name or Wildcat Knowles; Drinkard, West (Oil & Gas)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A
OTHER: <input type="checkbox"/>	

☒ 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. *R.M.*

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: *Mah White* TITLE: Compliance Officer DATE: 1/20/2015

Conditions of Approval (if any):

JAN 21 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 Kenemer Chevron

Disconnect:

Name: _____

Member Number: _____ SS# _____

DL# _____ State _____

FORWARDING MAILING ADDRESS: _____

City, State, Zip Code: _____

Daytime Telephone Number: 575-704-2295

SERVICE LOCATION OR ADDRESS: LE38State #1

METER NUMBER: PME 46024 & Poir 033808

OWNER OF PROPERTY: Chevron

DATE OF CHANGE: 11-18-14

[Signature]
Signature

11-18-14
Date

FOR OFFICE USE ONLY

LCEC Representative:

Service Change Date:

Member No. and Sub:

