Submit 1 Copy To Appropriate District State of New Me	Form C-103
Office Diffice	
District I (575) 393-6161 Energy, Minerals and Nature   1625 N. French Dr., Hobbs, NM 88240 100885 100885   District II - (575) 748-1283 100885 00111   811 S. First St., Artesia, NM 88210 100885 00111 1220 South St. France   1000 Bis Program Pd. Auton NM 670400 7 1220 South St. France	WELL API NO.
District II - (575) 748-1283	DIVISION 30-025-03869
811 S. First St., Artesia, NM 88210	5. Indicate Type of Lease
District IV - (505) 476-3460 Santa Fe, NM 87	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
87505 SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	
PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other INJECTOF	
2. Name of Operator	9. OGRID Number 4323
CHEVRON MIDCONTINENT, L.P.	
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	LOVINGTON; UPR SAN ANDRES W
4. Well Location	
✓ Unit Letter: J 1980 feet from SOUTH line and 1980 feet from the EAST line	
Section 4 Township 17S Range 36E NMPM County LEA	
11. Elevation (Show whether DR	<i>RKB</i> , <i>RT</i> , <i>GR</i> , <i>etc.</i> )
1	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING 🔄 MULTIPLE COMPL 🗌	CASING/CEMENT JOB
OTHER:	OTHER: TESTED CSG DUE TO TBG OR PKR LEAK
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
proposed completion of recompletion.	
07/20/2015: RAN CHART. PRESS TO 600 PSI FOR 32 MINUTES. (ORIGINAL & COPY OF CHART ATTACHED).	
Spud Date: Rig Release Da	ate:
I hereby certify that the information above is true and complete to the b	est of my knowledge and belief.
$X \rightarrow // / / /$	
SIGNATURE AND FURCE TO TITLE REGULATORY SPECIALIST DATE 08/13/2015	
SIGNATURE VIXIMUT MOUNTO TITLE REGI	JLATORY SPECIALIST DATE 08/13/2015
Type or print name DENISE PINKERTON E-mail addres	s: <u>leakejd@chevron.com</u> PHONE: 432-687-7375
For State Use Only	
	Still a alasta
APPROVED BY: / Self Somanak	Staff Manager DATE 9/23/2015-
Conditions of Approval (if any):	



