| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|--|--|-------------------|--|--|--|
| District I - (575) 393-6161 | ch Dr., Hobbs, NM 88240 575) 748-1283 Ct., Artesia, NM 88210 OIL CONSERVATION DIVISION | | | evised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | | WELL API NO. 30-025-31284 | | |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | | FEE | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa I C, IVIVI 67505 | | 6. State Oil & Gas Lease | No. | |
| 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.) | | | 7. Lease Name or Unit A | 7. Lease Name or Unit Agreement Name | |
| | | | LOUINGTON BADDOG | LOVINGTON PADDOCK UNIT | |
| | | | 8. Well Number 104 | KUNII | |
| 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator DEC 9 1 2015 | | | 9. OGRID Number 4323 | | |
| CHEVRON MIDCONTINENT, I | .P. / | C 2 1 2015 | 9. OGRID Number | +323 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat LOVINGTON; PADDOCK | | |
| 15 SMITH ROAD, MIDLAND, TEXAS 79705 RECEIVED | | | | | |
| 4. Well Location | S NORTH II I 240 S | c a remom | | | |
| Unit Letter: D 75 feet from NORTH line and 240 feet from the WEST line | | | | | |
| Section 31 | Township 16S | Range 37E | | LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3831' GL | | | | | |
| | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF INTENTION TO | | | | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | | |
| | | | RILLING OPNS. P AND | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | | |
| DOWNHOLE COMMINGLE | | | | | |
| CLOSED-LOOP SYSTEM | | | | | |
| OTHER: EXTEND TA STATUS OTHER: | | | | | |
| 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. | | | | | |
| CHEVRON MIDCONTINENT, L. DISCUSSED WITH MAXEY BRO | P. IS REQUESTING A 3 YR TA EX DWN, NMOCD. | XTENSION FOR | THE SUBJECT WELL. THI | IS HAS BEEN | |
| UPON APPROVAL, A CHART W | TLL BE RUN AND SUBMITTED T | го ммоср. | | | |
| Condition of Approval; notify | | | | | |
| Spud Date: | Rig Release Da | | | | |
| Spud Date. | Kig Kelease Da | Rig Release Date. | | D Hobbs office 24 hours | |
| prior of running MIT Test & Chart | | | | | |
| I hereby certify that the information | above is true and complete to the be | est of my knowled | ge and belief. | TO STATE OF THE ST | |
| |) /// | | | | |
| SIGNATURE MUSEUS | MENTON_TITLE REGI | ULATORY SPEC | IALIST DATE 12 | 2/16/2015 | |
| Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375 | | | | | |
| For State Use Only | | | | | |
| APPROVED BY: Majey & DIOWN TITLE DIST Supervisor DATE 12/22/2015 | | | | | |
| Conditions of Approval (if any) | | | | | |

DEL 3 1 2015

