Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			WELL API NO. 30-025-31365  5. Indicate Type of Lease STATE ☑ FEE ☐
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			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			7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well HOBBS	8. Well Number 71	
2. Name of Operator CHEVRON MIDCONTINENT, L	2	2045	9. OGRID Number 241333
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat LOVINGTON GB SAN ANDRES
4. Well Location RECEIVED			
Unit Letter J: 1362 feet from the SOUTH line and 1425 feet from the EAST line			
Section 31 Township 16-S Range 37-E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE	Appropriate Box to Indicate Nature of Notice, Report or Other Data  ITENTION TO:  PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL  SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING  COMMENCE DRILLING OPNS.  P AND A  CASING/CEMENT JOB		
OTHER: EXTEND TA STAT		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion			
2YP			
CHEVRON MIDCONTINENT, L.P. IS REQUESTING A 3 TR TA EXTENSION FOR THE SUBJECT WELL. THIS HAS BEEN DISCUSSED WITH MAXEY BROWN, NMOCD.			
UPON APPROVAL, A CHART W	ILL BE RUN AND SUBMITTED T	TO THE NMOCD.	
			Condition of Approval: notify
Spud Date:	Rig Release Da	ate:	OCD Hobbs office 24 hours
		pi	rior of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE SIGNATURE	a Vanta	ULATORY SPECI	
Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375			
For State Use Only			
APPROVED BY: Maley Stown TITLE Dist. Supervision DATE 12/22/2015			
Conditions of Approval (if any):			

DEL 3 1 2015

NOPRODREDED-83 MONTHS

