		HOBBS O	CD	
Submit One Copy To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of Nev Energy, Minerals and	w Mexicol AN 27 2 Natural Resources RECEIVED	WELL API NO.	Form C-103 Revised November 3, 2011
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	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-025-03808 ✓ 5. Indicate Type of Lease STATE STATE ✓ FEE □ 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC. PROPOSALS.) 1. Type of Well: □Oil Well □ 2. Name of Operator Chevron USA ✓ 3. Address of Operator	ATION FOR PERMIT" (FORM C-	OR PLUG BACK TO A 101) FOR SUCH	 302771 7. Lease Name or LOVINGTON SAN AND 8. Well Number 9. OGRID Numbe 4323 10. Pool name or N 	#57 v
15 Smith Road, Midland, Texas 79705 4. Well Location Unit Letter <u>M</u> : 660 fr		Range 36E	feet from the <u>WEST</u> NMPM	line County Lea
12. Check Appropriate Box to	11. Elevation <i>(Show whethe</i> 3861	er DR, RKB, RT, GR, etc.)		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL COMMENCE DRILLING OPNS. P AND A OTHER: Image: Doctor 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. Image: Doctor is pready for OCD inspection after P&A All pits have been remediated and leveled. Cathodic protection holes have been properly abandoned. Image: Doctor is pready for OCD inspection after P&A As teel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the following: Image: Doctor of the operator of the operator. OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/QUARTER LOCATION OR UNIT Image: Doctor of the operator of the operator of the operator of the operator of the operator. OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/QUARTER LOCATION OR UNIT Image: Doctor operator				
 The location has been leveled as new production equipment. Anchors, dead men, tie downs and not first is a one-well lease or last rem and the terms of the Operator's pit permit location. All metal bolts and other materials har removed.) All other environmental concerns har ines and pipelines. If this is a one-well lease or last remean pipelines. If this is a one-well lease or last remean pipelines. 	ER'S SURFACE. arly as possible to original groun risers have been cut off at least t aining well on lease, the battery and closure plan. All flow line have been removed. Portable ba- ave been addressed as per OCD abandoned in accordance with 1 aining well on lease: all electric	nd contour and has been clea wo feet below ground level. and pit location(s) have been s, production equipment and ses have been removed. (Pou rules. 9.15.35.10 NMAC. All fluid	red of all junk, trash, fl n remediated in compli junk have been remove ired onsite concrete bas ds have been removed f	ow lines and other ance with OCD rules ed from lease and well ses do not have to be from non-retrieved flow
When all work has been completed, return				
SIGNATURE: TYPE OR PRINT NAME Chris Gibb For State Use Only APPROVED Christer Chr	ons E-MAIL:	CE: Project Rep Bigibbons@chevron.com	DATE: <u>9-3-2015</u> PHONE: <u>985-228</u>	

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