(DO NOT USE THIS FORM FOR PRO TO A DIFFERENT RESERVOIR, USE " SUCH PROPOSALS.)	APPLICATION FOR PERMIT" (FO	atural Resources on DIVISION rancis Dr. 87505 8 PEN OR PLUG BACK	Form C-103 Revised July 18, 2013 WELL API NO. 30025053830000 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT 8. Well Number 11 9. OGRID Number
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 7970		RECEIVED	10. Pool name or Wildcat
4. Well Location Unit Letter_ C_:_940_feet from the _N _ line and _1980_feet from the _W_ Line Section 31 Township 16S Range 37E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE OTHER: OTHER: ANNUAL MIT TEST			
 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. CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL. CHART ATTACHED. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** 			
Carlos and			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE:	TITLE: R	REGULATORY ASSISTAN	IT DATE:3/23/2016
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617			
For State Use Only APPROVED BY: Bill Somanak TITLE Staff Manage DATE 4-1-16 Conditions of Approval (if any):			

APR 0 4 2016

