Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> - (575) 393-6161	trict I – (575) 393-6161 Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-30044
811 S. First St. Artesia NM 88210 OIL CONSERVATION DIVISION		VISION F	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 AUG 1 0 2016 220 South St. Francis Dr.		Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 Santa PC, 1010 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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		CTT I	
PROPOSALS.)			LOVINGTON DEEP STATE 8. Well Number #2
1. Type of Well: Oil Well Gas Well Other INJECTOR			
2. Name of Operator CHEVRON MIDCONTINENT LP			9. OGRID Number 241333
3. Address of Operator			10. Pool name or Wildcat
1616 W. BENDER BLVD HOBBS, NM 88240			SHOE BAR;UPPER PENN S
4. Well Location			
Unit Letter I: 1830 feet from the SOUTH line and 660 feet from the EAST line			
Section 01 Township 17S Range 35E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3990' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTION OF INTENTION TO E-PERMITTING <swdinjection< td=""> CONVERSIONRBDMs_MB RETURN TO CSNGENVIROCHG LOCINT TO PAP&A NR_P&A RO OTHER: TA STATUS W/CHART I3. 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. 08/03/2016 TEST CASING TO 560 PSI FOR 30 MINUTES. ORIGINAL MIT CHART AND COPY IS ATTACHED. WELL IS TEMPORARILY ABANDONED. This Approval of Temporary Abandonment Expires Spud Date: Rig Release Date:</swdinjection<>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Cindy Anna Murillo TITLE PERMITTING SPECIALIST DATE 08/09/2016			
Type or print name <u>CINDY HERRERA-MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u>			
For State Use Only			
APPROVED BY: Maley Strown CITLE Dist Supervision DATE 8/11/2016 Conditions of Approval (if any)			
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