

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM
88240

District II - (575) 748-1283
811 S. First St., Artesia, NM 88210

District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM
87410

District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OGD

SEP 22 2016

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

3002503877

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST LOVINGTON UNIT

8. Well Number **34**

9. OGRID Number

10. Pool name or Wildcat **WILDCAT
LOVINGTON; UPPER S/A/ WEST**

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator

CHEVRON U.S.A.

3. Address of Operator

6301 Deauville Blvd Midland, TX 79706

4. Well Location

Unit Letter_M_: **_660_** feet from the **_S_** line and **_660_** feet from the **_W_** line

Section **4** Township **17-S** Range **36-E** NMMPM 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

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.

CHEVRON HAS PLANS TO PLUG THIS WELL. OFFICIAL INTENT TO PLUG WILL BE SUBMITTED BY OUR PLUGGING DEPARTMENT.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:

Adriann Garcia

TITLE: REGULATORY ASSISTANT

DATE: 9/19/2016

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: _____ TITLE _____

DATE 9/27/2016

Conditions of Approval (if any):

FOR RECORD ONLY