<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

<u> pistrict ii</u> = (515) 146-1265	znorgy, will be also and material	u. 1.0000.000	10 10 10; 20 10
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	OIL CONCEDUATION S	N. 11010	WELL API NO.
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	OIL CONSERVATION D 1220 South St. France		3002505407 5. Indicate Type of Lease
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe. Nasa	505	STATE STATE FEE
	Santa Fe Nice	Plac	6. State Oil & Gas Lease No.
		<u> </u>	
SUNDRY NOTICES AND REPORTS ON WEARS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR ME 101) FOR			7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR M = 101) FOR SUCH PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well X Other Injector			70
2. Name of Operator			9. OGRID Number
CHEVRON MIDCONTINENT, L.P.			4323
3. Address of Operator			10. Pool name or Wildcat
6301 DEAUVILLE BLVD MIDLAND, TEXAS 79706			LOVINGTON PADDOCK
4. Well Location			
Unit Letter A: 660 FSL & 614 FWL			
Section 6 Township 17 S 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 ☐			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
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 HAS CONDUCTED THE REQUIRED MIT TEST ON THE ABOVE WELL. CHART ATTACHED.			
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING			
Spud Date:	Rig Release Date:		· · · · · · · · · · · · · · · · · · ·
<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE: TITLE: REGULATORY ASSISTANT DATE: S19 19			
Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575			
For State Use Only //			
APPROVED BY: XIIII Planar TITLE Conditions of Approval it and			
Conditions of Approval (if any):			

