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

SIGNATURE: JUNE

Conditions of Approval (if any):

For State Use Only

State of New Mexico Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		3002503833 5. Indicate Type of Lease	
	Santa Fe, NM 8750		STATE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR 1-101) FOR 2019 SUCH PROPOSALS.) 1. Type of Well: Oil Well. Gas Well & Other injector			7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT	
1: Type of treil: Oil treil	X Other Injector	101) FOR 2019	8. Well Number 71	
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		RECEIVE	71 9. OGRID Number 4323 24/333	
Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TEXAS	S 79706		10. Pool name or Wildcat LOVINGTON PADDOCK	
Well Location Unit Letter P :660 feet from the SOUTH line and 660 feet from the EAST line Section 1 Township 17 S Range 36E NMPM County LEA				
11.	Elevation (Show whether DR, RK	ß, 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 REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE COMPL CASING/CEMENT JOB OTHER: 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:			
I hereby certify that the information above is	true and complete to the best of	my knowledge and	belief.	

_____ TITLE: REGULATORY ASSISTANT

TITLE Constance Office DATE 6-20-19

Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575

