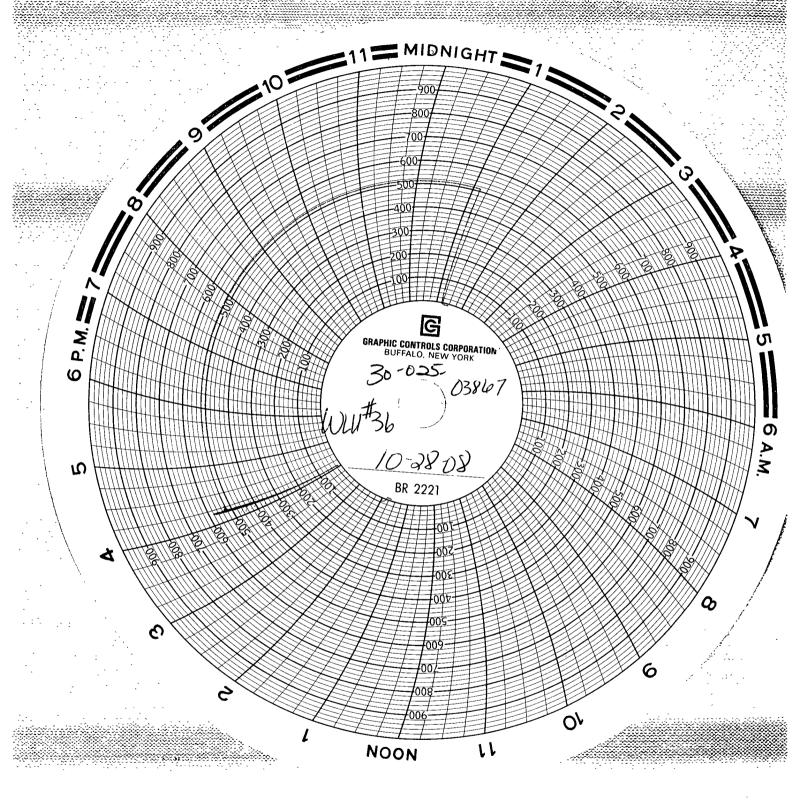
Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Office District I Office District I	June 19, 2008
1625 N French Dr, Hobbs, NM 88240	WELL API NO.
District II 1301 W Grand Ave, Artesia, NM 882 FEB 11 and CONSERVATION DIVISION	30-025-03867
District III 1000 Rio Brazos Rd, Aztec, NM 87440BBSOCID220 South St. Francis Dr. District IV Santa Fe, NM 87505	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87440BBSOCIE 20 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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 PROPOSALS)	WEST LOVINGTON UNIT /
1. Type of Well: Oil Well Gas Well Other Taiont	8. Well Number 36
2. Name of Operator CHEVRON MIDCONTINENT, L.P.	9. OGRID Number 241333 \(\square \)
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	LOVINGTON UPPER SAN ANDRES W.
4. Well Location	/
Unit Letter O: 660 feet from the SOUTH line and 1980 feet from the EAST	[line
Section 4 Township 17-S Range 36-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORD TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE	SSEQUENT REPORT OF: RK
	TEST WITH CHART
 Describe proposed or completed operations. (Clearly state all pertinent details, ar of starting any proposed work). SEE RULE 1103. For Multiple Completions: A or recompletion TEST CSG TO 520 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY CONTROL OF COPY COPY CONTROL OF COPY CONTROL OF COPY CONTROL OF COPY CONTROL OF COPY COPY CONTROL OF COPY COPY COPY CONTROL OF COPY COPY COPY COPY COPY COPY COPY COPY	ttach wellbore diagram of proposed completion
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge.	ge and belief.
SIGNATURE DEM Kester TITLE REGULATORY SPECI	ALIST DATE 02-10-09
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> For State Use Only	PHONE: 432-687-7375
APPROVED BY: July 10, July TITLE DISTRICT 1 SUPE	ERVISOR DATE FR 1 3 2009
Conditions of Approval (if any):	,



MACLASKAY # 13 36
10-28-08
00 Edward

10-28-08

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