

Submit 1 Copy To Appropriate District
Office
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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 3002503898
1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector ☐ HOBBS OCD		5. Indicate Type of Lease STATE ☐ FEE ☐
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 79705		7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT
4. Well Location Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line Section 7 Township 17-S Range 36-E NMPM County LEA		8. Well Number 58
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 150661
		10. Pool name or Wildcat LOVINGTON UPPER SA WEST

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: **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 U.S.A. INC HAS CONDUCTED THE ANNUAL 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.

SIGNATURE: _____ TITLE: **REGULATORY ASSISTANT** DATE: 7/23/2014

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

For State Use Only

APPROVED BY: Bill Swamiah TITLE: Staff Manager DATE: 8/11/2014
Conditions of Approval (if any):

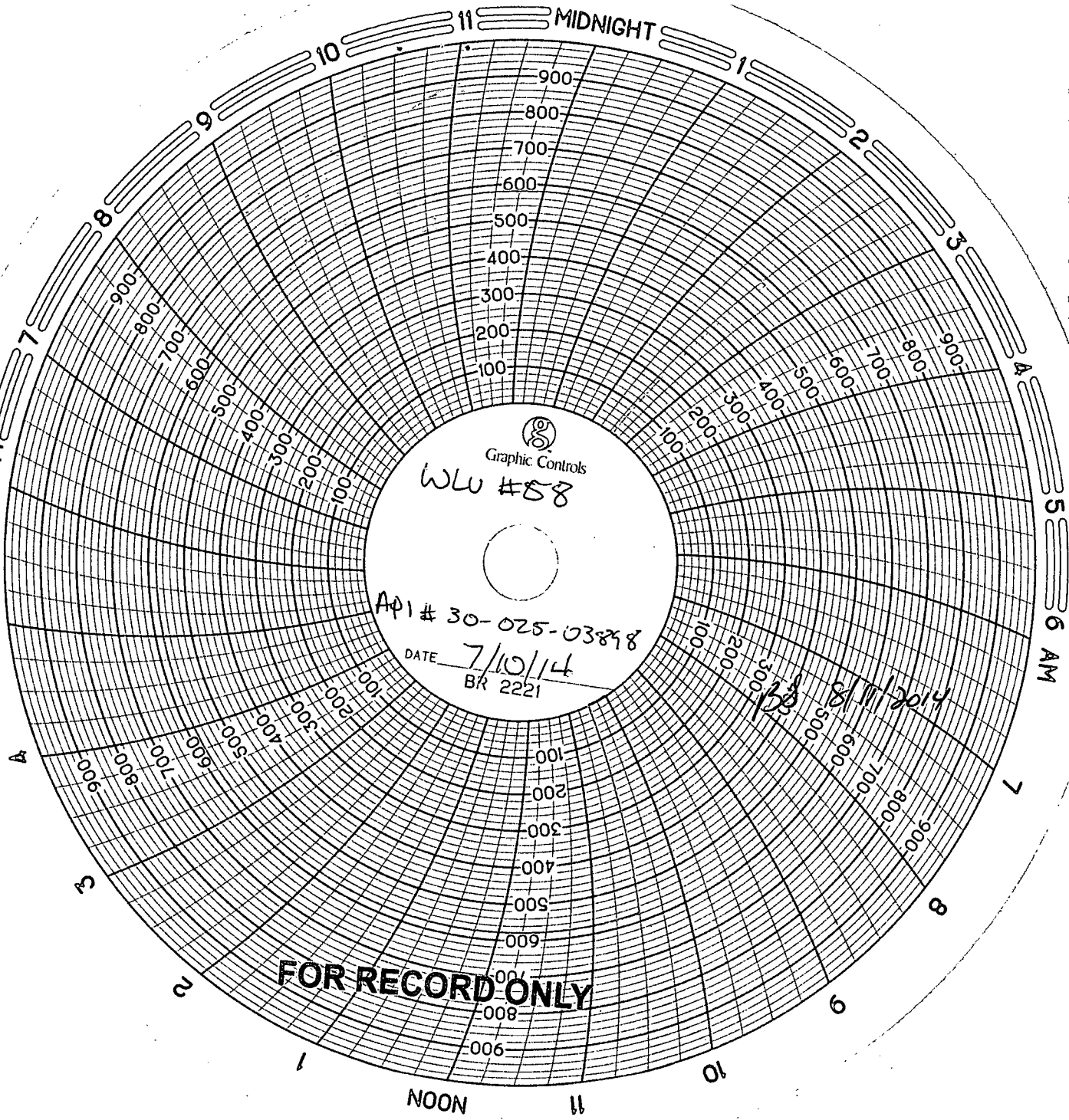
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AUG 12 2014

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Graphic Controls

WLU #58

API # 30-025-03898

DATE 7/10/14
BR 2221

FOR RECORD ONLY

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