| Submit One Copy To Appropriate District | State of New Me | exico | Form C-103 |
|---|-----------------------|------------------------------|---------------------------------------|
| Energy, Minerals and Natural Resources | | Revised November 3, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO.: 30-025-05349 | |
| District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III 1220 South St. Francis Dr. | | STATE FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. 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 | | | 7. Lease Name or Unit Agreement Name: |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH. PROPOSALS.) | | | Lovington Paddock |
| PROPOSALS.) 1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other: Injection | | | 8. Well Number: 009 |
| 2. Name of Operator: Chevron, Midco | T. D. | | 9. OGRID Number: 241333 |
| 2. Name of Operator: Chevron, Midcontinent, L.P. 3. Address of Operator: 15 Smith Road, Midland, TX 79705 | | | 10. Pool name or Wildcat |
| | | | |
| | | RECEIVED | Lovington; Paddock (Oil & Gas) |
| 4. Well Location: Unit Letter: N Section: 30 Township 16S Range: 37E; 660 feet from the South line and 1980 feet from the West line; 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 INTE | NTION TO | l CUD | CECUENT DEPORT OF |
| NOTICE OF INTE | | REMEDIAL WOR | SEQUENT REPORT OF: K |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRI | | | _ , _ , |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN | | | |
| OTHER: | | 1 | eady for OCD inspection after P&A |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | |
| | | | ON HAS BEEN WELDED OR M |
| PERMANENTLY STAMPE | D ON THE MARKER'S SUR | FACE. | 7' |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | |
| ☐ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed | | | |
| from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | |
| to be removed.) | | | |
| All other environmental concerns have been addressed as per OCD rules. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- | | | |
| retrieved flow lines and pipelines. | | | |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure. | | | |
| location, except for utility's distribution infrastructure. | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| O(1) | • | | |
| SIGNATURE: Yn/M/ | TITLE: _ | Construction Rep | DATE: <u>12/17/14</u> |
| TVDE OD DDD IT LANE V P ** | TO BALATE 1 CCC | Dala arms | DLIONE, 017 709 9049 |
| TYPE OR PRINT NAME: _Jon Ruff | | | |
| M | | | |
| APPROVED BY: Malkoritake TITLE: Compliance Officer DATE: 12/18/2014 | | | |
| Conditions of Approval (if any): | | | |