<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, f <u>District II</u> – (575) 748-1283	JM 88240	State of New Me Energy, Minerals and Natu	Form C-103 Revised July 18, 2013	
811 S. First St., Artesia, NM 8 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, I		OIL CONSERVATION		WELL API NO. 3002503823
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa		1220 South St. Francis Dr. Santa Fe, NM 875055		5. Indicate Type of Lease STATE X FEE
			383 2019	6. State Oil & Gas Lease No. B-2359-1
I (DO NOT LISE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPHY OR PLUG FOR				7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10150R SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injector				8. Well Number 73
2. Name of Operator CHEVRON MIDCONTINENT, L.P.				9. OGRID Number
3. Address of Oper 6301 DEAUVILLE E	ator BLVD MIDLAND, TEXAS	79706		10. Pool name or Wildcat LOVINGTON PADDOCK
Well Location     Unit Letter M:_853 feet from the _SOUTH_ line and _853_feet from the WEST_line     Section 1 Township 17 S Range 36E NMPM County LEA				
Section 1 Township 17 S Range 36E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3837 DF				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRI				
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMENT JOB OWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM			MIT TEST	
<ol> <li>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.</li> </ol>				
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.				
SIGNATURE: JUX TITLE: REGULATORY ASSISTANT DATE: SI4 19				
Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575				
For State Use Only				
APPROVED BY: hay kolonan TITLE online for DATE 5-16-15 Conditions of Approval (if any):				

