

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

HOBBS OCD

JAN 18 2012

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

RECEIVED

WELL API NO. 30-025-05422
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement LOVINGTON SAN ANDRES UNIT
8. Well Number 35
9. OGRID Number 241333
10. Pool name or Wildcat Grayburg Lovington San Andres

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.)
1. Type of Well: Oil Well [X] Gas Well [] INJECTOR []
2. Name of Operator CHEVRON MIDCONTINENT, L.P.
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705
4. Well Location
Unit Letter C : 330 feet from the NORTH line and 3390 feet from the EAST line
Section 6 Township 17-S Range 37-E 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 INTENTION TO:

- PERFORM REMEDIAL WORK [X] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS [] P AND A []
CASING/CEMENT JOB []

OTHER:

OTHER:

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.

Well has failed the MIT bradenhead test on 11-08-2011. Chevron plans to investigate the cause of the failure and restore the mechanical integrity of the well.

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 [Signature] TITLE: REGULATORY SPECIALIST DATE: 01-16-2012

Type or print name: DENISE PINKERTON E-mail address: leakejd@cvchevron.com PHONE: 432-687-7375

APPROVED BY: [Signature] TITLE: Compliance Officer DATE: 1-20-2012

Conditions of Approval (if any):