Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240			L API NO. 503852	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		dicate Type of Lease	
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.		STATE S FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV ~ (505) 476-3460			ate Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	,		die On & Gus Lease 140.	
87505	ΓICES AND REPORTS ON WELLS	7 10	ase Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PHICE SERVICE)		CORRECTOR LOVIN	NGTON SAN ANDRES UNIT	
DIFFERENT RESERVOIR. USE "APPI	LICATION FOR PERMIT" (FORM C-101) FO	JD CLICH	ell Number 29	
PROPOSALS.)		JG 0 6 2014	en Number 29	
 Type of Well: Oil Well Name of Operator 	Gas Well X Other Injector		GRID Number	
CHEVRON MIDCONTINENT,	D	4323	JAID Number	
3. Address of Operator		RECEIVED	ool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 79705			LOVINGTON GRAYBURG SA	
4. Well Location				
	eet from the _NORTH _ line and _66	0 feet from the EAST li	ine	
		i-E NMPM	County LEA	
	11. Elevation (Show whether DR			
		, 1012, 101, 010, 010.7		
12. Check	Appropriate Box to Indicate N	lature of Notice, Report	t or Other Data	
		•		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING [CASING/CEMENT JOB		
DOWNHOLE COMMINGLE	_			
CLOSED-LOOP SYSTEM [OTHER:		OTHER: ANNUAL MIT T	FQT	
OTTEN.		OTHER. ANNOAL WITT	201	
			ertinent 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 r	ecompletion.			
CHEVDON II S A	NC HAS CONDUCTED THE	E ANNIIAI MIT TES	T ON THE ABOVE WELL	
CHEVRON 0.3.A.	INC HAS CONDUCTED THE	E ANNUAL WITH TES	TON THE ABOVE WEEL.	
CHART ATTACHED.				
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING				
	2. 2. 2.			
Spud Date: Rig Release Date:				
<u> </u>				
I have by goutify that the information	n above is true and complete to the b	act of my knowledge and be	bliaf	
I hereby certify that the informatio	in above is true and complete to the b	est of my knowledge and be	ener.	
SIGNATUREALL	TITLE_REGU	JLATORY ASSISTANT_	DATE7/9/2014	
Type or print name Adriann Gai	cia E-mail address: Adrianr	n.Garcia@chevron.com	PHONE: 432-687-7617	
E CLUB OF				
For State Use Only	_		,	
APPROVED BY: /3ill &c	manake TITLE S	tuff Manager	DATE 8/11/2014 AUG 1 3 2014	
Conditions of Approval (if any):		TOODD ONLY	- 4 1	
• • • • • • • • • • • • • • • • • • • •	FOR R	ECOKD OHE	2014	
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