Office Office	State of New	Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and N	Vatural Resources		ed July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	IM 88240		WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		3002503823	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		B-2359-1	•
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKED A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FORESOFT PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator		LOVINGTON PADDOCK UI	NIT	
		HOPprom	8. Well Number 73	
2. Name of Operator	Cas Well 14 Other Injector	11/2 0 6 7011	9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.		700	00	
3. Address of Operator 15 SMITH ROAD MIDLAND, 7		RECEIVED	10. Pool name or Wildcat	
4. Well Location	·-	•		
Unit Letter_M _:_853 _fe	et from the _SOUTH _ line and	_853 _feet from the _	WEST _line	
Section I To	ownship 17-S Range	36-E ~NMPN	M County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.				
	3837'DF			
12. Check	Appropriate Box to Indicat	e Nature of Notice	, Report or Other Data	
NOTICE OF IN	ITENTION TO:	9111	BSEQUENT REPORT OF	⊏,
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
			RILLING OPNS.□ P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME	NT JOB 🔲	_
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: ANNU	AL MITTEST	
of starting any proposed we proposed completion or recompletion U.S.A. IN CHART ATTACHED.	ork). SEE RULE 19.15.7.14 NM completion. NC HAS CONDUCTED	MAC. For Multiple Co	nd give pertinent dates, including perpetitions: Attach wellbore diagnost TEST ON THE ABOV	gram of
I hereby certify that the information	above is true and complete to the	ne hact of my knowled	go and belief	
Thereby certify that the information	above is true and complete to the	ic best of my knowled	ge and benef.	
signature Allia	TITLE_RI	EGULATORY ASSIS	TANT_DATE7/9	/14
Type or print name Adriann Garc	ia E-mail address: Adri	ann.Garcia@chevr	on.com PHONE: 432-68	37-7617
For State Use Only				
APPROVED BY: Bill Su	Zunamake TITTE	Station	der Date 8/8	12014
Conditions of Approval (if any):	TILLE	- TAIT UNA NOW	DAIE	(001)

FOR RECORD ONLY

