Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources 675) 748 1782		Form C-103	
<u>District I</u> – (575) 393-6161			Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			3002503928	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87	/505	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SECTION FOR PERMIT"			7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT	
PROPOSALS.)			8. Well Number 75	
1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator Gas Well X Other Injector AUG 0 6 2014			9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.			4323	
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 79705			10. Pool name or Wildcat LOVINGTON PADDOCK	
4. Well Location				
	from the _NORTH _ line and _29	70 feet from the	line	
	ownship 17-S Range	36-E ✓ N		
	11. Elevation (Show whether DR,			· · · · · · · · · · · · · · · · · · ·
•				
	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				G 📙
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	COMMENCE DR CASING/CEMEN		Ш
DOWNHOLE COMMINGLE	MOETH LE COMI L	CASING/CEIVIEN	1 308	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: ANNUA	AL MIT TEST	
of starting any proposed wor proposed completion or reco	k). SEE RULE 19.15.7.14 NMAC mpletion.	C. For Multiple Co	d give pertinent dates, including estimat mpletions: Attach wellbore diagram of	
CHART ATTACHED.				
PLEASE NOTE TH	IS TEST IS FOR UIC AN	NUAL TESTIN	G	
	· 	 		
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information a	bove is true and complete to the bo	est of my knowledg	re and belief.	
Thereby certify mak the information a		est of my knowledg	se una senen	
SIGNATURE A CA	manTITLE_REGU	JLATORY ASSIST	ANT_DATE7/9/14	
Type or print name Adriann Garcia	E-mail address: Adriann	Garcia@chevro	n.com PHONE: 432-687-7617	
For State Use Only		- 40	e1,	
APPROVED BY: Conditions of Approval (if any):	ervanal TITLE Sta	4 Manag	DATE 8/8/2014	/

AUG 1 9 2014

FOR RECORD ONLY

