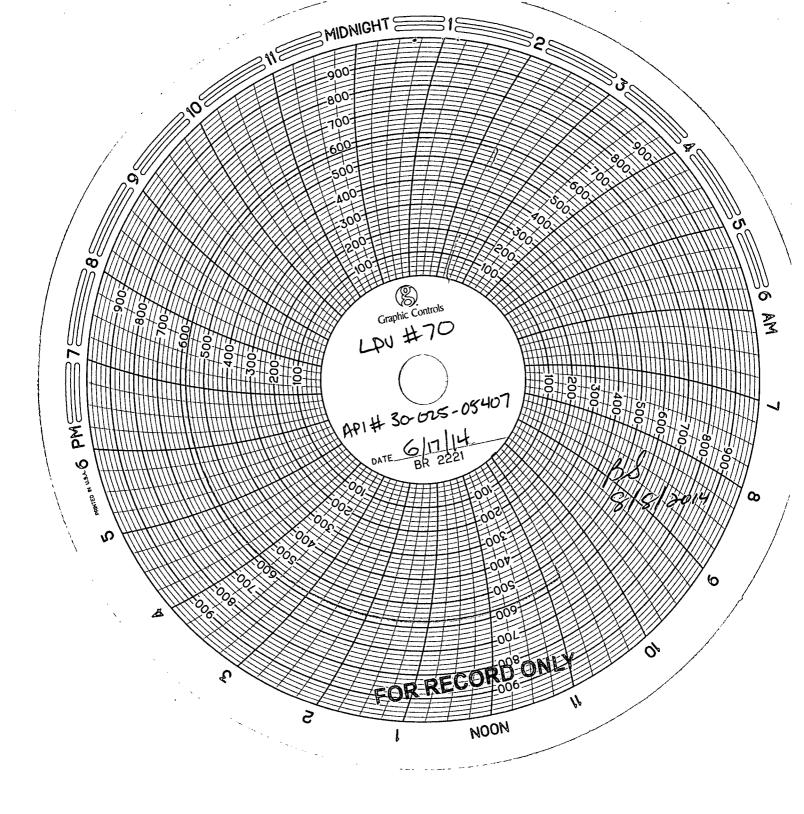
Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		3002505407 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	7505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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 BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCCESSION OF THE PROPOSALS.)			LOVINGTON PADDOCK UNIT	
rkorosals.)			8. Well Number 70	
1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator AUG 06 2014			9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.		AUG	4323	
3. Address of Operator		NED	10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, T	X 79705	RECEIVED	LOVINGTON PADDOCK	
4. Well Location				
Unit Letter_M _:_660 _feet from the _SOUTH_ line and _614 _feet from the _WEST _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				
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
_				
PULL OR ALTER CASING DOWNHOLE COMMINCLE	PULL OR ALTER CASING			
CLOSED-LOOP SYSTEM				
OTHER:			L MIT TEST	
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.				
CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.				
CHART ATTACHED.				
PLEASE NOTE THIS TEST IS FOR UIC ANNUALTESTING				
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				
Type or print name Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				
APPROVED BY: Belsomanch TITLE Statt Monoge DATE 8/8/244				
APPROVED BY: / DATE 0/8/2014 Conditions of Approval (if any):				
Conditions of Approval (it any): EAD PEARD ONLY				



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