Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO. 3002503781	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE STATE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-7845	
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.)			7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT	
1. Type of Well: Oil Well Gas Well X Other Injector HOBBS OCD			8. Well Number 24 -	
2. Name of Operator		A C 201/	9. OGRID Number	
CHEVRON MIDCONTINENT, L.P. AUG 0 6 2014   3. Address of Operator August 100 - 2014			10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 79705			LOVINGTON GRAYBURG SAN ANDRES	
4. Well Location				
Unit Letter_P :_660 _feet from the _SOUTH _ line and _660 _feet from the _EAST _line				
Section 36 Township 16-S Range 36-E MPM County LEA   11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3819' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
	ENTION TO:   PLUG AND ABANDON   CHANGE PLANS   MULTIPLE COMPL	SUBSE REMEDIAL WORK COMMENCE DRILL CASING/CEMENT J		
CLOSED-LOOP SYSTEM		OTHER: ANNUAL	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 ANNUAL TESTING**				
<b></b>				
Spud Date:	Rig Release Da	nte:		
I hereby certify that the information al	bove is true and complete to the be	est of my knowledge a	nd belief.	
SIGNATUREALA Gunan TITLE_REGULATORY ASSISTANT_DATE7/9/14				
Type or print name Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617				
For State Use Only				

APPROVED BY: Bill Somamake TITLE	Staff Manager DATE	8/11/2014
Conditions of Approval (if any):		
	AUG 1 9 2014	h

AUG 1 9 2014

