Office Office	State of New Me	exico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natu	rral Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
811 S. First St., Artesia, NM 88210	District II – (575) 748-1283 ULLS, First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		3002503787 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.		STATE STEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Rio Brazos Rd., Aztec, NM 87410 iot IV = (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		or state on a sus season,
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			LOVIGNTON SAN ANDRES
PROPOSALS.)	LATION FOR PERMIT (FORM C-101) FO	UK SUCH	8. Well Number 26
· · · · · · · · · · · · · · · · · · ·	Gas Well X Other Injector	and CD	
2. Name of Operator		HOBBS CCD	9. OGRID Number
CHEVRON MIDCONTINENT, L.I	Ρ.	AIOS & O DUA	
3. Address of Operator			10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, T	X 79705		LOVINGTON GRAYBURG SAN ANDRES
4 337 117		RECEIVED	
4. Well Location			
	t from the _SOUTH _ line and _19		
Section 36 T	Ownship 16-S Range	36-E NMPM	County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12 Charles	Amanamiata Day ta Indiasta N	Johnna of Matica	Danast as Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report 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 MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM	_		
OTHER:		OTHER: ANNUA	AL MIT TEST
of starting any proposed we proposed completion or rec CHEVRON U.S.A. IN CHART ATTACHED. **PLEASE NOTE TH	ork). SEE RULE 19.15.7.14 NMAGOMPLETION. IC HAS CONDUCTED THI HIS TEST IS FOR UIC AN	C. For Multiple Co E ANNUAL MI INUAL TESTIN	ad give pertinent dates, including estimated date mpletions: Attach wellbore diagram of T TEST ON THE ABOVE WELL.
Spud Date:	Rig Release D	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
signature — A Clin ca 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: Sell Somanah TITLE Staff Manager DATE 8/11/2014 Conditions of Approval (if any): FOR RECORD ONLY			
Conditions of Approval (if any):			
Conditions of Approval (II any):	FOR REC	UKD CIAP.	1
	• -		AUG 1 9 2014

