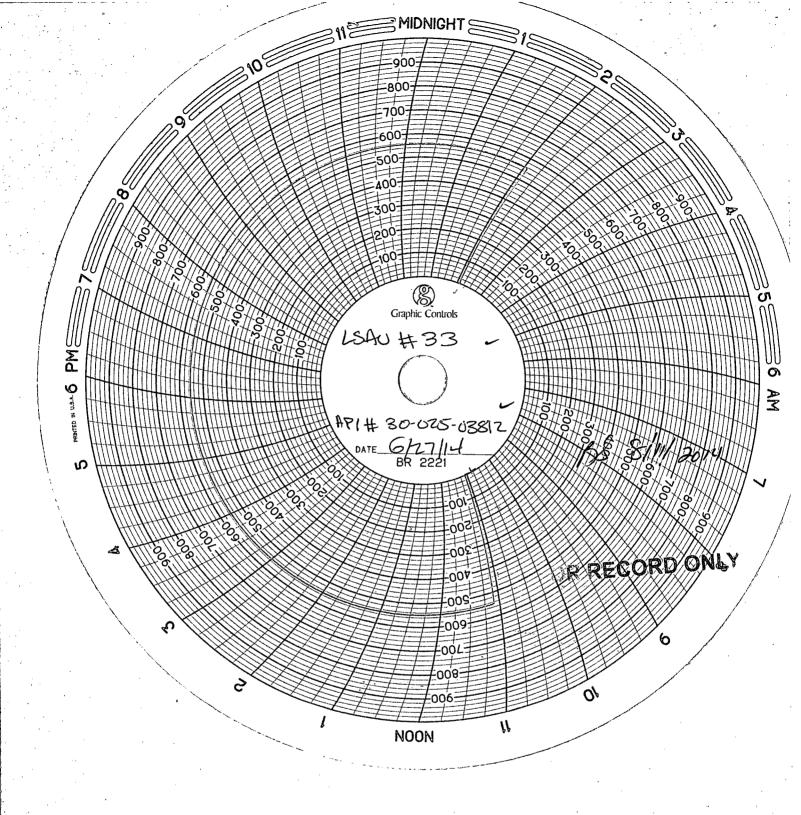
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 3002503812
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	Dio Prozes P.d. Artes NIM 97410		STATE FEE
District IV – (505) 476-3460	Santa Fe, NN	И 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	TICES AND REPORTS ON WE	ELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			LOVINGTON SAN ANDRES UNIT
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	ICATION FOR PERMIT" (FORM C-10		
1. Type of Well: Oil Well	Gas Well X Other Injector	HOBBS OCD	8. Well Number 33
2. Name of Operator		- 001/	9. OGRID Number
CHEVRON MIDCONTINENT, L.P.		AUG 0 6 2014	
3. Address of Operator			10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, TX 7	79705	RECEIVED	To. Foot hame of Wildeat
4. Well Location		Krom	<u> </u>
Unit Letter_A _:_660 _feet from the _NORTH _ line and _660 _feet from the _EAST _line			
Section 1 Township 17-S Range 36-E NMPM County LEA			
	11. Elevation (Show whether		
3836'DF			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate Box to indicate Wattie of World, Report of Other Batti			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPORARILY ABANDON			
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM			
OTHER:	,	OTHER: ANNU	AL 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. II	NC HAS CONDUCTED	THE ANNUAL MI	T TEST ON THE ABOVE WELL.
CHART ATTACHED			
CHART ATTACHED.			
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING			
Spud Date: Rig Release Date:			
Style Date.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$\Lambda \Omega \sim$.			
SIGNATURE: A.C. Guicia TITLE: REGULATORY ASSISTANT DATE:7/11/2014			
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617			
For State Use Only			,
APPROVED BY: Bell Somanake TITLE State Marines DATE 8/11/2014			
Conditions of Approval (if any):			
APPROVED BY: Bel Som anake TITLE Staff Manage DATE 8/11/2014 Conditions of Approval (if any): FOR RECORD ONLY AUG. 1 9 2014			
			AIII. N 97 / U 131



L