Submit I Copy To Appropriate District Office	State of New Me		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	aral Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDUATION	IDIVICION	3002503813
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION 1220 South St. Fra		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa I C, INW 6	7303	6. State Oil & Gas Lease No. B-2359
STINDRY NOTI	CES AND REPORTS ON WELLS	3	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			LOVINGTON SAN ANDRES UNIT
1. Type of Well: Oil Well	Gas Well X Other Injector	10 0 6 2014	8. Well Number 40
2. Name of Operator	r.		9. OGRID Number
CHEVRON MIDCONTINENT, L.P.		RECEIVED	
3. Address of Operator		Į.	10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, TX 79	3 705		LOVINGTON SAN ANDRES UNIT
4. Well Location	NODELL Estad		EACTE Land
	eet from the _NORTH _ line and _		
Section 1 To	ownship 17-S Range 11. Elevation (Show whether DR		MPM County LEA
	3831' DF		
12. Check A	Appropriate Box to Indicate N	Nature of Notice,	Report or Other Data
NOTICE OF IN	ITENTION TO:	SUF	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON □	REMEDIAL WOF	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	IILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM OTHER:		OTHER: ANNUA	AL MIT TEST
			nd give pertinent dates, including estimated date empletions: Attach wellbore diagram of
proposed completion or rec			imprettons, retaes, wenter of dagram of
CHEVRON U.S.A. IN	IC HAS CONDUCTED THE	E ANNUAL MI	T TEST ON THE ABOVE WELL.
CHART ATTACHED.		•	
PLEASE NOTE TH	IIS TEST IS FOR UIC AN	INUAL TESTIN	lG
Ţ			
Spud Date:	Rig Release D	ate:	
			
I hereby certify that the information	above is true and complete to the b	est of my knowleds	ge and belief.
	•		
SIGNATURE: A.R. Gu	へるこTITLE: REGI	ULATORY ASSIS	TANT DATE:7/11/2014
Type or print name: Adriann Garc	cia E-mail address: Adriann.Ga	arcia@chevron.co	om PHONE: 432-687-7617
For State Use Only			DATE 8/11/ 2014 AUC 10 2018
APPROVED BY: Billso	MANAL TITLE CI	LA Min	DATE 8/11/ 2011
Conditions of Approval (if any):		TOPP OF	II V
(it will).	EUD DE		8110 - 0 0048
			AUG 1 9 2014

