Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District 1</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. 3002503837
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		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
District IV - (505) 476-3460	Santa Fe, NM	8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ICES AND REPORTS ON WEL		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIA	SALS TO DRILL OR TO DEEPEN OR CATION FOR PERMIT" (FORM C-101	PLUG BACK-10 A	LOVINGTON SAN ANDRES UNIT
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well: Oil Well.		HOBB2	
1. Type of Well. On Well	Gas Well X Other Injector	6 5014	8. Well Number 31
2. Name of Operator		4082 0 6 5014	9. OGRID Number 150661
CHEVRON MIDCONTINENT, L.P.			
3. Address of Operator		RECEIVED	10. Pool name or Wildcat
15 SMITH ROAD MIDLAND, TX 79	} 705		LOVINGTON GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter_ C_:_660 _feet from the _NORTH_ line and _ 1980_feet from the _ WEST_line			
Section 1 Township 17-S Range 36-E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Snow whether I	DR, KKB, KI, GK, etc	
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			
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. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.			
CHART ATTACHED.			
DI FACE MOTE THIS TEST IS FOR THE ANNUAL TESTING			
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING			
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: TITLE: REGULATORY ASSISTANT DATE:7/9/2014			
SIGNATURE:			
Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617			
For State Lice Only			
For State Use Only			
APPROVED BY: Self Somanah TITLE Staff Manager DATE 8-11-2014			
APPROVED BY: Bell Somewh TITLE Staff Manager DATE 8-11-2014 Conditions of Approval (if any): CORRECORD ONLY			
	Ange # B		AUG 1 9 2014

