Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> – (575) 393-6161			Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API 300250535		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STA		
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-7896		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease N	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 SECTION PROPOSALS.)			LOVINGTON SAN ANDRES UNIT		
1. Type of Well: Oil Well 🔲 🕠	Type of Well: Oil Well Gas Well X Other Injector			8. Well Number 23	
1. Type of Well: Oil Well Gas Well X Other Injector  2. Name of Operator			9. OGRID Number		
CHEVRON MIDCONTINENT, L.P					
3. Address of Operator RECEIVED			10. Pool name or Wildcat		
15 SMITH ROAD MIDLAND, TX 79705			LOVINGTON		
4. Well Location			<u> </u>		
Unit Letter_M _:_660 _fee	from the _SOUTH _ line and _96	60 _feet from the _	WEST_line		
Section 31 To	ownship 16-S Range	37-E	NMPM	County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.			:.)		
	3822'				
12. Check A	ppropriate Box to Indicate N	lature of Notice	, Report or 0	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/CEMEN	NT JOB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM  OTHER:	OTHER: ANNUAL MIT TEST				
		OTTIETI. AIIIO	AL,IIII 1201		
	eted operations. (Clearly state all k). SEE RULE 19.15.7.14 NMA ompletion.				
CHEVRON II S A INC	C HAS CONDUCTED THE	= ΔΝΝΙΙΔΙ ΜΙ	T TEST O	N THE ABOVE WELL	
	TIAG GONDOGIED TIL	- ANNOAL WII	1 1201 0	N THE ABOVE WELE.	
CHART ATTACHED.					
**PLEASE NOTE TH	IS TEST IS FOR UIC AN	INUALTESTIN	G**		
				,	
Spud Date:	Rig Release Da	ate:			
		<u></u>			
I hereby certify that the information a	have is two and complete to the h	agt of my lengueled	as and baliaf		
I hereby certify that the information a	bove is true and complete to the b	est of my knowled	ge and belief.		
A					
SIGNATURE ALL	TITLE_REGU	JLATORY ASSIS	TANTDAT	E7/9/14	
Type or print name Adriann Garcia	E-mail address: Adrianr	n.Garcia@chevro	on.com PH	IONE: <b>432-687-7617</b>	
For State Use Only	0				
APPROVED BY: Bill	anah TITI E	Sham.	la 4 e	DATE &/II/2AII	
Conditions of Approval (if any):	amanak TITLE .	- JUIL FIJAN	wyer	DATE	
Conditions of Approvia (if unit).	-AD DECC	ORD ONLY	A 1 1 4		

