Office Office	State of New Mexico			Form C-103
District I – (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.	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		3002503853	
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil	& Gas Lease No.
	S AND REPORTS ON WELLS		7. Lease N	ame 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 THE PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injector (1988)		CK TO A D H	LOVINGTO	N SAN ANDRES UNIT
PROPOSALS.) 1. Type of Well: Oil Well Ga	is Well X Other Injector#OBBS O		8. Well Nu	mber 45
2. Name of Operator	~ 0 6 5/1/4		9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.	AVG 06 2014		J. GOIGH Named	
3. Address of Operator	CENED		10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 7970			LOVINGTON SAN ANDRES	
4. Well Location				
Unit Letter _G_:_1980 _feet from the _NORTH _ line and _1980 _feet from the _EAST _line				
Section 2 Town			_	County LEA
	1. Elevation (Show whether DR, RKE	3, RT, GR, 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				
		MMENCE DRI		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:	ОТІ	HER: ANNUA	L 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. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** 				
Spud Date:	Rig Release Date:			
I hereby certify that the information abo	ove is true and complete to the best of	my knowledge	e and belief.	
SIGNATURE: A.C. GMOS TITLE: REGULATORY ASSISTANT DATE:7/11/2014				
Type or print name: Adriann Garcia	E-mail address: Adriann.Garcia	@chevron.co	m PHONE	432-687-7617
For State Use Only				
810				
APPROVED BY: Del Somanah TITLE Staff Manager DATE 811-2014				
Conditions of Approval (if any):	FOR R	ECORD	ONLY	/ _
AUG 1 9 2014				
			AU(2 1 9 2U74

