Submit 1 Copy To Appropriate District Office	fice State of Teach Parallel Energy, Minerals and Natural Resources		Form C-103	
<u>District I</u> – (575) 393-6161			Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs. NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr		3002503878		
		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	os Rd., Aztec, NM 87410 Sonto Eq. NM 97505		STATE STEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.	
87505		B-4119-8		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACOTO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) 1885 UCH PROPOSALS.)			7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator			8. Well Number 22	
2. Name of Operator	404	0.00	9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.		RECEIVED		
3. Address of Operator		RECE	10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 79	705		LOVINGTON UPPER SA WEST	
4. Well Location				
Unit Letter_L _:_1980 _feet from the _SOUTH _ line and _660 _feet from the _WEST _line				
Section 4 Township 17-S Range 36-E NMPM County LEA				
11. Elevation (Snow whether DR, RRB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: 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/CEMENT JOB				
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: ANNUAL 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				
C. ID.	Dia Dalama D			
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information a	above is true and complete to the b	est of my knowled	lge and belief.	
Δ .				
SIGNATURE:	fly TITL	E: REGULATORY	Y ASSISTANT DATE:7/16/2014	
Type or print name: Adriann Garc	a E-mail address: Adriann.Ga	rcia@chevron.c	om PHONE: 432-687-7617	
For State Use Only				
APPROVED BY: Sill Somanah TITLE Staff Marage DATE 8/8/2014				
APPROVED BY: Bill Somanah TITLE Staff Marage DATE 8/8/2014 Conditions of Approval (if any):				
			<i>!!</i>	

FOR RECORD ONLY

AUG 1 9 2014

