Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C	
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18 WELL API NO.	3, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONCEDUATION DIVISION		3002503887	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE STEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, NWI 6	7303	6. State Oil & Gas Lease No.	
87505	AND DEPORTS ON VIEW	~		
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PL CATION FOR PERMIT" (FORM C-101) Gas Well X Other Injector	UG BACK TO A	7. Lease Name or Unit Agreement N WEST LOVINGTON UNIT	ame
1. Type of Well: Oil Well	Gas Well X Other Injector	0 6 301A	8. Well Number 11	
2. Name of Operator	.116	18 (Q',	9. OGRID Number 4323	· · · · · ·
CHEVRON MIDCONTINENT, L.P.	700	-10		
3. Address of Operator	-	SECEIVED	10. Pool name or Wildcat	
15 SMITH ROAD MIDLAND, TX 7	9705	K.	LOVINGTON UPPER SA WEST	
4. Well Location				
	eet from the _NORTH _ line and _			
Section 5 To	ownship 17-S Range		MPM County <b>LEA</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.				
No. of the second secon	_1			
12. Check	Appropriate Box to Indicate N	Nature of Notice.	Report or Other Data	
	* * -		•	
	ITENTION TO:	1	SEQUENT 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		
DOWNHOLE COMMINGLE	_			
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: ANNUA	AL MIT TEST	
of starting any proposed w proposed completion or red CHEVRON U.S.A. II CHART ATTACHED	ork). SEE RULE 19.15.7.14 NMA completion.  NC HAS CONDUCTED TH	C. For Multiple Co	d give pertinent dates, including estimat mpletions: Attach wellbore diagram of	
**PLEASE NOTE T	HIS TEST IS FOR UIC AN	NNUAL TESTIN	G**	
			<del></del> -	
Spud Date:	Rig Release D	Pate:		
<u> </u>		L		
I hereby certify that the information	above is true and complete to the b	best of my knowledg	e and belief.	
SIGNATURE:	TITLE: REC	GULATORY ASSIS	STANT DATE:7/23/14	
				_
Type or print name: Adriann Gar	cia E-mail address: Adriann.Ga	arcia@chevron.co	om PHONE: <b>432-687-7617</b>	
For State Use Only	7			
APPROVED BY:	zmamah TITLE St	att Manage	DATE 3/5/20	2741
Conditions of Approval (if any):	-AH MEAN	idn akii	•	
	fuk keuu	TAL VIAL	AUG 19 2014	r

