

Submit One Copy To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 S. First St., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-103

Revised November 3, 2011

WELL API NO. 30-025-31453
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Lovington Unit
8. Well Number 088
9. OGRID Number 241333
10. Pool name or Wildcat Lovington; Upper San Andres, West (Oil & Gas)

SUNDRY NOTICES AND REPORTS ON WELLS (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 SUCH PROPOSALS.)
1. Type of Well: [X] Oil Well [] Gas Well [] Other:
2. Name of Operator Chevron, Mid Continent, L.P.
3. Address of Operator 15 Smith Road, Midland, TX 79705
4. Well Location Unit Letter: A 130 feet from the North line and 1350 feet from the East line Section: 7 Township 17S Range 36E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

HOBBBS OCD
OCT 09 2014
RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON [X]
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB [X]
[X] Location is ready for OCD inspection after P&A

- [X] All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
[X] Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
[X] A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- [X] The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
[X] Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
[] If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
[X] All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
[X] All other environmental concerns have been addressed as per OCD rules.
[X] Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
[] If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE: Jon Ruff TITLE: Construction Rep DATE: 10/8/14
TYPE OR PRINT NAME: Jon Ruff E-MAIL: jruff@chevron.com PHONE: 916-708-8248

Ok to release: Mark Whitaker, Compliance Officer 10/20/2014
OCT 20 2014

Lea County Electric Cooperative, Inc.
Disconnect Service Order Request



SERVICE ORDER REQUEST

Transfer/change of service of power service from one person's name to another cannot be completed without the permission of both parties or the owner of the property.

*Requested by: Chris Kennemet Chevron

Disconnect:	
Name:	_____
Member Number:	_____ SS# _____
	DL# _____ State _____
FORWARDING MAILING ADDRESS:	_____
City, State, Zip Code:	_____
Daytime Telephone Number:	<u>575-704-2295</u>

SERVICE LOCATION OR ADDRESS: WLU's 30, 65, 70, 74, 86, 88, + 93

METER NUMBER: WLU's 007337, 007338, 007339, 006752, 007366, 006744, 007341, 046038, 046123, 046124, + 046125

OWNER OF PROPERTY: CHEVRON

DATE OF CHANGE: 10-16-14

Signature

10-16-14
Date

FOR OFFICE USE ONLY	
LCEC Representative:	_____
Service Change Date:	_____
Member No. and Sub:	_____