

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

Form C-103  
 Revised November 3, 2011

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

WELL API NO.  
 30-025-31461

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
 West Lovington Unit

8. Well Number 096

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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  Oil Well  Gas Well  Other: **OCT 09 2014**

2. Name of Operator  
 Chevron, Mid Continent, L.P.

3. Address of Operator  
 15 Smith Road, Midland, TX 79705

4. Well Location  
 Unit Letter: F 2410 feet from the North line and 2540 feet from the West line  
 Section: 8 Township 17S Range 36E NMPM \_\_\_\_\_ County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>E-PERMITTING</b>	<b>P&amp;A NR</b> _____	<b>P&amp;A R</b> _____	<b>SUBSEQUENT REPORT OF:</b>
PERF	<b>INT TO P&amp;A</b> _____	<b>COMP</b> _____	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMP	<b>CSNG</b> _____	<b>CHG Loc</b> _____	COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>
PULL	<b>TA</b> _____	<b>RBDMS CHART</b> _____	CASING/CEMENT JOB <input checked="" type="checkbox"/>
OTHER: _____			<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A

- All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- 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.**

- 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.
- 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.
- All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- All other environmental concerns have been addressed as per OCD rules.
- 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

For State Use Only  
 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 Kennemer Chevron

<b>Disconnect:</b>	
Name:	_____
Member Number:	_____ SS# _____
	DL# _____ State _____
<b>FORWARDING MAILING ADDRESS:</b> _____	
City, State, Zip Code: _____	
Daytime Telephone Number: _____	

SERVICE LOCATION OR ADDRESS: Carter St. PP PME WLU 57, 95 + 96  
METER NUMBER: PME # 46065 Pole #s 007311, 007306, 006489, 006488, 006487  
OWNER OF PROPERTY: CHEVRON  
DATE OF CHANGE: 10-15-14

[Signature]  
Signature  
10-15-14  
Date

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