

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.: 30-025-29138
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Carter-Ship Strawn
8. Well Number: 003
9. OGRID Number: 4323
10. Pool name or Wildcat Lovington; Upper Penn, Northeast (Oil & Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3788

HOBBSOCD

DEC 17 2014

RECEIVED

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:  Oil Well  Gas Well  Other: Injection

2. Name of Operator: Chevron, USA

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

4. Well Location: Unit Letter: A Section: 28 Township 16S Range: 37E 810 feet from the North line and 660 feet from the East line; NMPM \_\_\_\_\_ County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
	<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: 12/17/14

TYPE OR PRINT NAME: Jon Ruff E-MAIL: jruff@chevron.com PHONE: 916-708-8248

APPROVED BY: Mark Whitaker TITLE: Compliance Officer DATE: 01/20/2015  
 Conditions of Approval (if any):

JAN 21 2015

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

**Disconnect:**

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

FORWARDING MAILING ADDRESS: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

SERVICE LOCATION OR ADDRESS: Carter Slipp 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

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