Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Emanay Minagala and Natural Desauras		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II ~ (575) 748-1283	748-1283 OIL CONCEDIVATION DIVISION		30-025-30961
811 S. First St., Artesia, NM 88210 <u>District III</u> ~ (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	5anta 1 0, 1 111 0 / 5 0 5		o. State Off & Gas Lease No.
87505			<u>'</u>
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			7. Lease Name or Unit Agreement Name
PROPOSALS.)		WEST LOVINGTON UNIT 8. Well Number 69	
1. Type of Well: Oil Well	Gas Well Other	いつむりつつし	<u> </u>
2. Name of Operator		9. OGRID Number 4323	
CHEVRON MIDCONTINENT, L 3. Address of Operator	.P.	<u> APR 1 0 2015 </u>	241333
15 SMITH ROAD, MIDLAND, T	EXAS 79705		W LOVINGTON UPR SAN ANDRES
4. Well Location		RECEIVED	W 20 VIII OI V OI R SIII VIII V SIII S
Unit Letter: C 1305 feet from NORTH line and 2575 feet from the WEST line			
Section 7	Township 17S	Range 36E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: 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 MIDCONTINENT, L.P. IS REQUESTING ALTER CAPPROVAL. Condition of Approval: notify			
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			D Hobbs office 24 h purs
Spud Date:	Rig Relea	ase Date: prior of	f running MIT Test & Chart
		<u></u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE SIGNATURE REGULATORY SPECIALIST DATE 04/08/2015			
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375			
For State Use Only			
APPROVED BY: Makey Strawn Fitte Dist Supervisor Date 4/13/2015			
Conditions of Approval (if any):			