Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103
District 1 – (575) 393-6161			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVA	TION DIVISION	30-025-31316
District III – (505) 334-6178	13. Dt., 7 Mc31a, 744 00210		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N		STATE S FEE
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Sama Po, 1	NIVI 07303	6. State Oil & Gas Lease No.
87505			
	TICES AND REPORTS ON V		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL			L OVINGEOU DE DE OCULTURE
PROPOSALS.)		HOBBSOCD	LOVINGTON PADDOCK UNIT
1. Type of Well: Oil Well	Gas Well Other		8. Well Number 117
2. Name of Operator		MAY 0 4 2015	9. OGRID Number 241333
CHEVRON MIDCONTINENT, I 3. Address of Operator	<u>P</u>	WAT O I LOT	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND,	TEXAS 79705		10. Pool name or wildcat
4 W-11 I	41 20	RECEIVED	
4. Well Location 2560 F Unit Letter: 2 feet from line and feet from the line			
_			
Section 1	Township 17S 11. Elevation (Show wheth	Range 36E	NMPM County LEA
	11. Elevation (Snow wheth	iei DK, KKD, KI, GK, eic	7
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check	Appropriate Box to make	cate mature of motice,	, Report of Other Data
SUBSEQUENT REPORT OF:			
E PERMITTING SWDINJECTION D BEMEDIAL WORK D ALTERING CASING D			
CONVERSION RBDMS COMMENCE DRILLING OPNS. P AND A			
RETURN TO T/	A (P.M.)	CASING/CEMEN	_
CSNG CH	HG LOC		_
INT TO DA P&A NR P&A R			
1141 1011			STATUS W/CHART
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.			
04/24/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 545 PSI FOR 32 MINUTES. (COPY OF CHART ATTACHED)			
WITNESSED BY MAXEY BROW	VN, NMOCD.	Work a	
		· Inis Appr	oval of Temporary/
WELL IS TEMPORARILY ABAN	JDONED.	Abandonr	ment Expires 4/24/2018
			124/2018
· · · · · · · · · · · · · · · · · · ·			
Spud Date:	Rig Rela	ease Date:	
Space Date.			
I hereby certify that the information	a above is true and complete t	o the best of my knowled	ge and belief.
/ Maria / Y.	1 had for		
SIGNATURE JAMES UN	TITLE	REGULATORY SPECI	ALIST DATE 04/29/2015
m PENICE PRO	KEDTONI E "	-44 11-10-1	DUONE 422 (27 727
Type or print name DENISE PINI	KEKTUN E-mail	address: <u>leakejd@chevr</u>	on.com PHONE: 432-687-7375
For State Use Only	~K	x:+ 2	-1, 1
APPROVED BY:	LINCON TITLE	NUL. Due	ewwo0 date 5/4/2015
Conditions of Approval (if any):	A		<i>t. t</i>

MAY 0 7 2015

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