

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 125 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 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

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.)		WELL API NO. 30-025-03877 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705		7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT ✓
4. Well Location Unit Letter: M 660 feet from the SOUTH line and 660 feet from the WEST line Section 4 Township 17S Range 36E NMPM County LEA		8. Well Number 34 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 241333
10. Pool name or Wildcat LOVINGTON; UPPER S/A, WEST		RECEIVED SEP 17 2015

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

E-PERMITTING <SWD INJECTION> CONVERSION _____ RBDMS <u>MW</u> <input type="checkbox"/> RETURN TO _____ TA <u>Pum.</u> <input type="checkbox"/> CSNG _____ ENVIRO _____ CHG LOC _____ <input type="checkbox"/> INT TO PA _____ P&A NR _____ P&A R _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: _____	OTHER: TA 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.

09/11/2015: NOTIFIED NMOCD. RAN CHART. PRESS TO 470 PSI FOR 32 MINUTES. (COLOR COPY OF CHART ATTACHED). WITNESSED BY NMOCD.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary Abandonment Expires 9/11/2016 ✓

Spud Date: Rig Release Date:

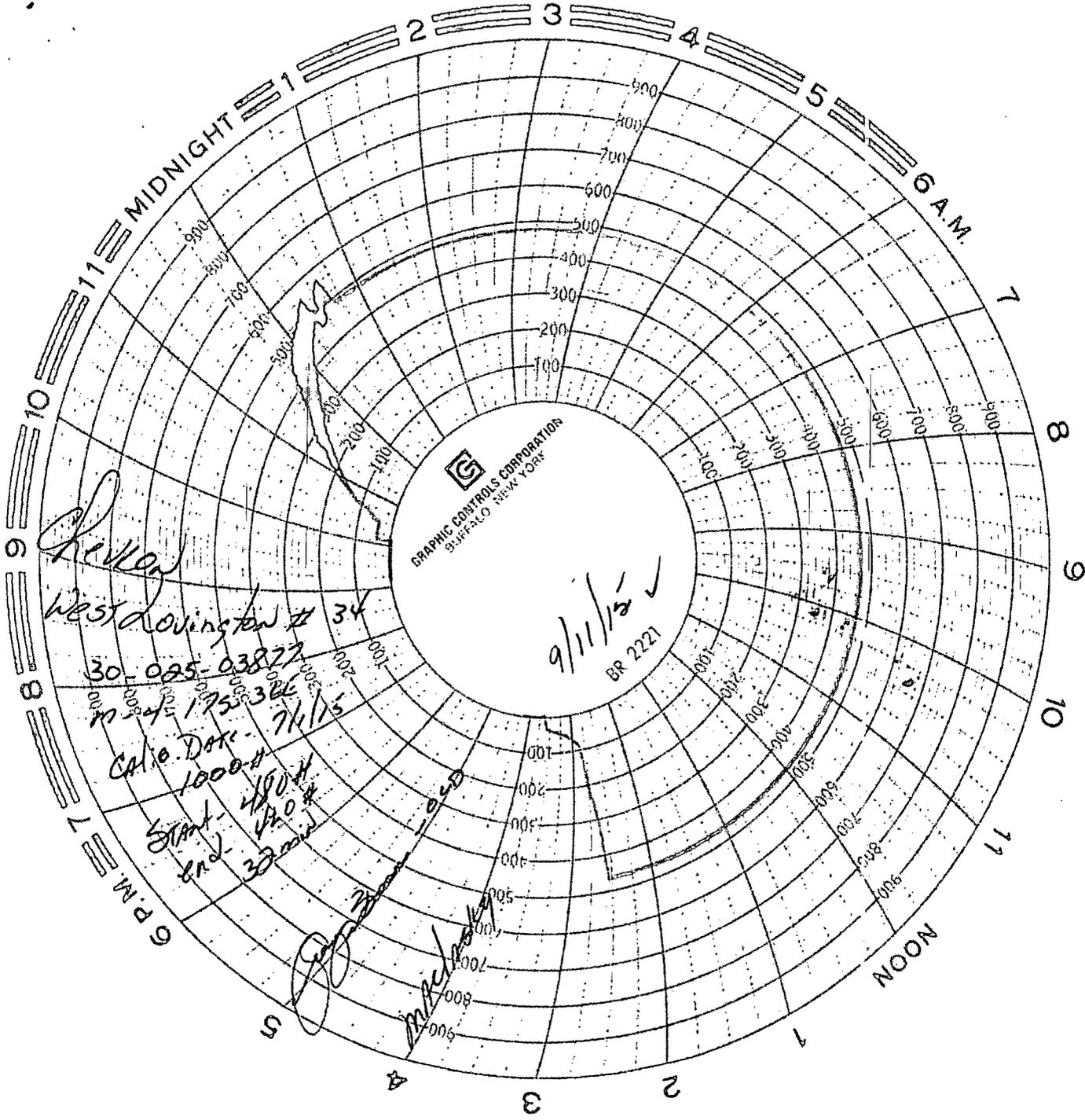
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Pinkerton TITLE: REGULATORY SPECIALIST DATE: 09/15/2015

Type or print name: DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375

For State Use Only
 APPROVED BY: Mary Brown TITLE: Dist. Supervisor DATE: 9/21/2015
 Conditions of Approval (if any):

dm



Shelley
 West Livingston # 34
 30-025-03877
 175-386
 7/4/5
 Call Date
 1000-#
 Start - 4:30 PM
 End - 30 min

GRAPHIC CONTROLS CORPORATION
 BUFFALO NEW YORK

9/11/5 ✓
 BR 2221

[Handwritten signature]