District I - (575) 393-6161

State of New Mexico

Form C-103

District II - (575) 748-1283	Energy, Minerals and Natural Resources	Revised July 18, 2013
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178		WELL API NO.
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	OIL CONSERVATION DIVISION 1220 South St. Francis	3002505413
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe NIZ 8 505	5. Indicate Type of Lease STATE ☑ FEE □
	Santa Fe Alta 8 1005	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO BACK		7. Lease Name or Unit Agreement Name BACK LOVINGTON PADDOCK UNIT
TO A DIFFERENT RESERVOIR. USE SUCH PROPOSALS.)	"APPLICATION FOR PERMIT" (FORM 2-101) FO	OR 8. Well Number 52
1. Type of Well: Oil Well Gas	Well X Other Injector	
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		9. OGRID Number 4323
Address of Operator 6301 DEAUVILLE BLVD MIDLAND, 1	EXAS 79706	10. Pool name or Wildcat LOVINGTON PADDOCK
4. Well Location		
Unit Letter B: 510 feet from the NORTH line and 2190 feet from the EAST _line Section 6 Township 17 S Range 37E NMPM County LEA		
Section 6 Township 17 S Range 37E 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		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/C	CEMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	OTHER: A	ANNUAL MIT TEST
Official.	OTHER.	ANNOAL WIT TEST
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 HAS CONDUCTED THE REQUIRED MIT TEST ON THE ABOVE WELL, CHART ATTACHED.		
PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING		
Spud Date:	Rig Release Date:	
<u> </u>		
I haraby cartify that the information abo	ove is true and complete to the best of my knowle	adas and balist
Thereby Certify that the information abo	we is true and complete to the best of my knowle	euge and belief.
SIGNATURE: J. JOVX	TITLE: REGULATORY	ASSISTANT DATE: \$14/19
THEE. RESOLATION ASSISTANT BATE.		
Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575		
For State Use Only		
APPROVED BY: May follows TITLE Caylon Effection DATE 5-16-15 Conditions of Approval (if any):		

