

District I - (575) 393-6161  
 1625 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

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 3002505417
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES
8. Well Number 39
9. OGRID Number 4323 <i>241333</i>
10. Pool name or Wildcat LOVINGTON GRAYBURG SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)

**HOBBS OCD**  
**JUN 19 2019**  
**RECEIVED**

1. Type of Well: Oil Well  Gas Well  Other Injector

2. Name of Operator  
CHEVRON MIDCONTINENT, L.P.

3. Address of Operator  
6301 DEAUVILLE BLVD MIDLAND, TEXAS 79706

4. Well Location  
 Unit Letter E : 1985 feet from the NORTH line and 616 feet from the WEST line  
 Section 6 Township 17 S Range 37E 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: ANNUAL MIT 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:

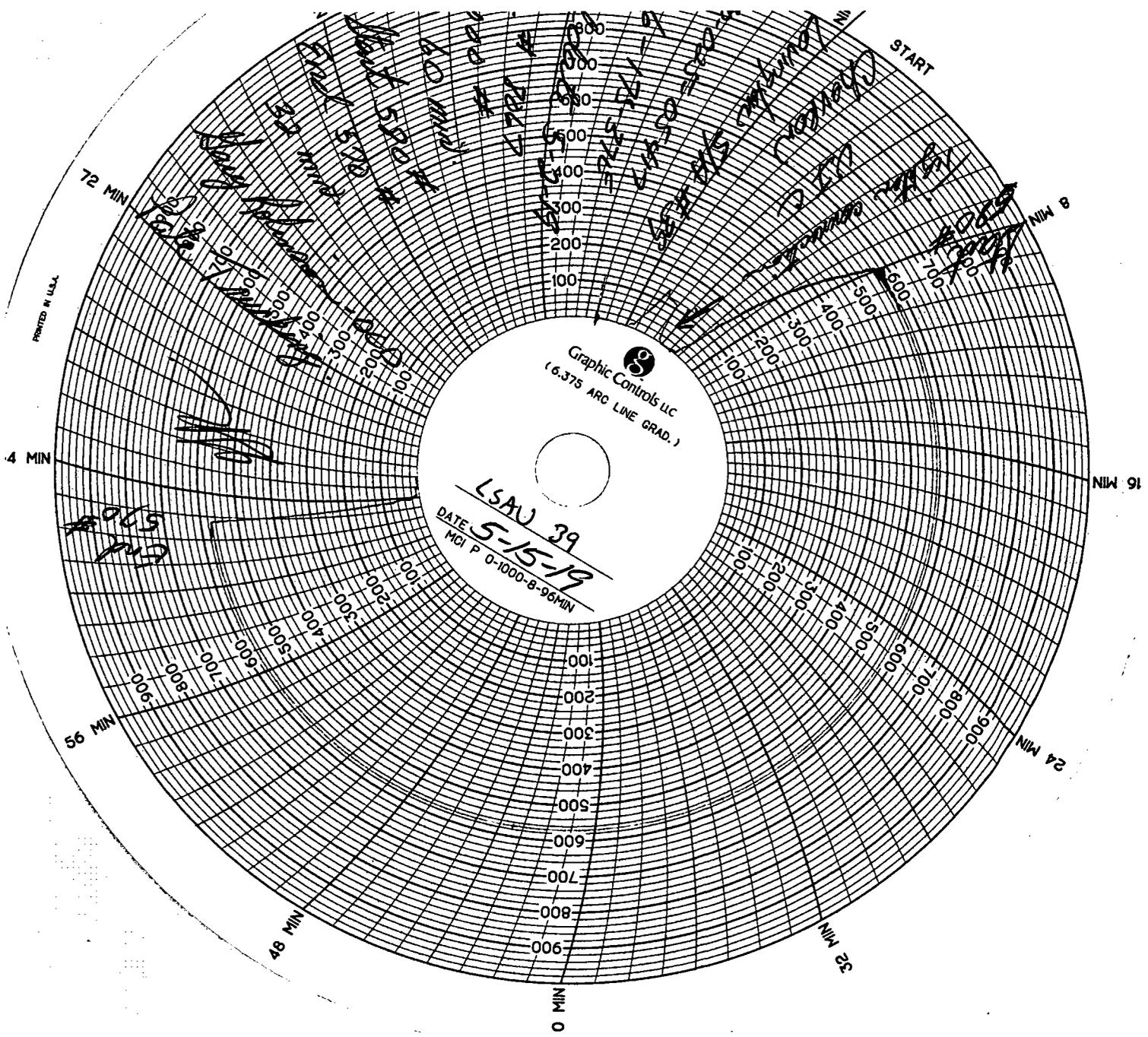
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: J Jones TITLE: REGULATORY ASSISTANT DATE: 6/5/19

Type or print name: JESSICA JONES E-mail address: JJZI@CHEVRON.COM PHONE: 432-687-7575

For State Use Only

APPROVED BY: [Signature] TITLE: Compliance Officer DATE: 6-20-19  
 Conditions of Approval (if any):



PRINTED IN U.S.A.

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)

LSAU 39  
DATE 5-15-19  
MCI P 0-1000-8-99MM

START

4 MIN

16 MIN

56 MIN

24 MIN

48 MIN

32 MIN

0 MIN

Radial scale labels: 100, 200, 300, 400, 500, 600, 700, 800, 900