Submit 1 Copy To Appropriate District Office <u>District 1</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	Artesia NM 88210		WELL API NO. VISION 30-025-03812		
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460		DIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Type of Lease	
. 1220 S. St. Francis Dr., Santa Fe, NM 87505				TE See FEE	
			6. State Of	l & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease N	ame or Unit Agreement Name	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO FERN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (2.5) (C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJ 4//2. 2. Name of Operator			OR LOVING	ON SA UNIT	
TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" OF M.C101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well: Gas Well Other INJ Aug. 2. Name of Operator CHEVRON MIDCONTINENT, L.P. 3. Address of Operator			8. Well Nu	8. Well Number	
2. Name of Operator			33	9. OGRID Number	
CHEVRON MIDCONTINENT, L.P.	₹.	EC 2019	9. OGNID	Number	
Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706		EIVED		10. Pool name or Wildcat LOVINGTON GRAYBURG SA	
4. Well Location			·		
Unit Letter A: 660 feet from to Section 1 Township	the NORTH line and 660 fo 17 S Range	eet from the EAST line 36E NMPM	County LEA		
Gedicht i rownship	11. Elevation (Show whe				
<u> </u>					
NOTICE OF IN' PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	Check Appropriate Box to TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIA COMMEN	SUBSEQUEN	IT REPORT OF: ALTERING CASING	
CLOSED-LOOP SYSTEM OTHER:	OTHER: ANNUAL MIT TEST				
13. Describe proposed or complestarting any proposed work). completion or recompletion. CHEVRON U.S.A. INC HAS CHART ATTACHED. **PLEASE NOTE THIS TEST	SEE RULE 19.15.7.14 NI	MAC. For Multiple Co	mpletions: Attach wel		
Spud Date:	Rig Rele	ease Date:			
I hereby certify that the information about	ove is true and complete to	o the best of my know	ledge and belief.		
SIGNATURE: JUNIO JUNY	т	ITLE: REGULATORY A	ASSISTANT DATE:	8/4/19	
Type or print name: Jessica Jones E-m				• 1	
For State Use Only	,				
U. VI	·	1. CM	DATE_	P-14-19	
APPROVED BY: My Mount (if any):	IIILE (D)	Tellemer Office	DATE_		

