

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
March 4, 2004

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

WELL API NO. 30-025-03892
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B10639
7. Lease Name or Unit Agreement Name West Lovington Unit
8. Well Number 27
9. OGRID Number 241333
10. Pool name or Wildcat Lovington UPr San Andres W.

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)

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

2. Name of Operator
Chevron Mid Continent L.P.

3. Address of Operator
15 Smith Rd, Midland, Tx 79705

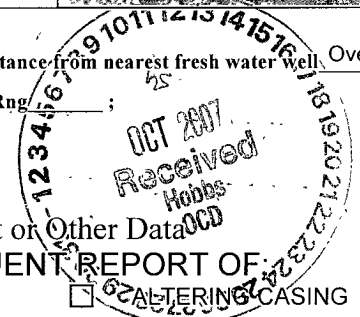
4. Well Location
Unit Letter N : 660 feet from the south line and 1980 feet from the West line
Section 6 Township 17-S Range 36-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL N Sect 6 Twp 17S Rng 36E Pit type Steel Depth to Groundwater 50 Distance from nearest fresh water well Over 1000'
Distance from nearest surface water 660 feet from the South line and 1980 feet from the West line (Steel Tank)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>



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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Notified ocd prior to RU
2. Set 5 1/2 CIBP @ 4632' spot 25 sx plug frm 4632 to 4392 (OH-Shoe)
3. Displace hoe w/mlf 9.5# brine w/12.5# gel p/bbl
4. Perf @ 3110 unable to sqz spot 35 sx plug frm 181 to 2910 (B salt) tag @ 2843
5. Perf @ 2130 sqz 75sx frm 2130 to 1875 (T-salt -shoe) tag @ 1800'
6. Perf @ 390 pump 225 sx between 8 5/8 x 13' csg displace to 150 T(shoe, frsh water, surf) Tag @ 115 frm surf (ok by maxey brown)
7. Perf @ 85 circ cmt between 8 5/8 x13 csq w 75 sx sqz 75 sx between 5 1/2 x 8 5/8 csq (tag & surf) ok W/ocd maxey brown)

8. Install Dry hole marker 10/9/07

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Field Supervisor DATE 10/09/07
Type or print name Jimmy Bagley E-mail address: Telephone No. 432-561-8600

(This space for State use)

APPROVED BY [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 15 2007
Conditions of approval, if any: