

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

SEP 12 2008

HOBBS OGD

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, LOG, 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 INJECTION ☒

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

3. Address of Operator
15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter K: 1650 feet from the SOUTH line and 1650 feet from the WEST line

Section 31 Township 16-S Range 37-E NMPM County LEA

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: INTENT TO TEMPORARILY ABANDON

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER

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.

CHEVRON MIDCONTINENT, L.P. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL BY DISCONNECTING THE INJECTION LINE, LEAVING INJECTION EQUIPMENT IN THE HOLE & RUNNING A MIT.

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 09-10-2008

Type or print name Denise Pinkerton E-mail address: leakejd@chevron.com Telephone No. 432-687-7375

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OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Tammy W. Lill TITLE _____ DATE _____

Conditions of Approval (if any):

Condition of Approval Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

SEP 16 2008