

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

SEP 12 2008

WELL API NO.

30-025-05360 ✓

5. Indicate Type of Lease

STATE ☒ FEE ☐ ✓

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

LOVINGTON SAN ANDRES UNIT ✓

8. Well Number 16 ✓

9. OGRID Number 241333 ✓

10. Pool name or Wildcat *Grayburg*  
LOVINGTON SAN ANDRES ✓

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN 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 J: 1980 feet from the SOUTH line and 2310 feet from the EAST 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 09-10-2008Type or print name Denise Pinkerton E-mail address: [leakejd@chevron.com](mailto:leakejd@chevron.com) Telephone No. 432-687-7375

## For State Use Only

APPROVED BY: *Ray M. Hill*

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

Conditions of Approval (if any):

SEP 16 2008

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