

RECEIVED

## OIL CONSERVATION DIVISION

SEP 15 2008  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OCD

## 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 ☐2. Name of Operator  
CHEVRON MIDCONTINENT, L.P.3. Address of Operator  
15 SMITH ROAD, MIDLAND, TEXAS 79705

## 4. Well Location

Unit Letter H: 1750 feet from the NORTH line and 650 feet from the EAST line

Section 9 Township 22-S Range 37-E NMPM County LEA

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

3419' GL

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 ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

OTHER TEMPORARILY ABANDON WITH CHART

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.

09-05-08: TEST CSG TO 520 PSI FOR 30 MINUTES. (ORIGINAL CHART &amp; COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED.

PKR. @ 4993'

This Approval of Temporary  
Abandonment Expires 9-17-'13I 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 09-11-2008Type or print name Denise Pinkerton E-mail address: leakejd@chevron.com Telephone No. 432-687-7375

## For State Use Only

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

SEP 17 2008

