

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
June 19, 2008

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

WELL API NO. 30-025-03884 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT ✓
8. Well Number 20 ✓
9. OGRID Number 241333 ✓
10. Pool name or Wildcat LOVINGTON UPPER SAN ANDRES W. ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 1980 feet from the EAST line
Section 5 Township 17-S Range 36-E NMPM County LEA

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 ☐
DOWNHOLE COMMINGLE ☐

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.

10-22-08: RAN CHART FOR NMOCD. TEST CSG TO 520 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED). SET CIBP @ 4623'.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary
Abandonment Expires _____

Spud Date:

10-22-08

Rig Release Date:

10-22-08

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Pinkerton TITLE REGULATORY SPECIALIST DATE 12-02-2008

Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

Well Failed
BHT
11-10-08
BHT

