Submit 3 Copies To Appropriate District Office	Energy, Minerals and Natural Resources First II W Grand Ave, Artesja, NM 88210 OIL CONSERVATION DIVISION		Form C-103
			June 19, 2008 WELL API NO.
District II			30-025-31459
1301 W Grand Ave, Artesia, NM 88210 District III DEC. 11 4 2000			5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
1220 S St France COD		6. State Oil & Gas Lease No.	
	ES AND REPORTS ON WELLS	3	7. Lease Name or Unit Agreement Name
(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			WEST LOVINGTON UNIT
1. Type of Well: Oil Well Gas Well Other		8. Well Number 94	
2. Name of Operator CHEVRON MIDCONTINENT, L.P.	·		9. OGRID Number 241333
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEX	XAS 79705		10. Pool name or Wildcat LOVINGTON UPPER SAN ANDRES W.
4. Well Location			
	om the NORTH line and 15 fee	et from the WEST	
Section 8 Township	17-S Range 36-E	NMPM	County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR		SEQUENT REPORT OF: K □ ALTERING CASING □	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		_	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	-
DOWNHOLE COMMINGLE			
OTHER [.]		OTHER: TEM	PORARILY 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.			
11-19-08: RAN CHART FOR NMOCD. TEST CSG TO 540 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART			
ATTACHED). CIBP SET @ 4700'.		(0	
WELL IS TEMPORARILY ABANDONED. This Approval of Temporary			
Abandon Lapires			
			
Spud Date: 1/-19-08	Rig Release Da	ate: 11-16	7-178
77.70	<u></u>		
I hereby certify that the information ab	ovo is two and complete to the b		11.11.6
Thereby certify that the information ab	ove is true and complete to the be	est of my knowledge	e and benef.
SIGNATURE CINISE IN	Kerton TITLE REGI	ULATORY SPECIA	LIST DATE 12-02-2008
Type or print name DENISE PINK	<i>y</i> ,	,	PHONE: 432-687-7375
For State Use Only		SUPERVISOR/GEN	0 5 0
APPROVED BY:	TITLE	•	DATE
Conditions of Approval (if any):			DATE

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