Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District 1 1625 N. French DT, Hoods, NM 88240 Energy, Minerals and Natural Resource	S June 19, 2008
District II	WELL API NO. / 30-025-03910
District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S St FanOBBSOCD 87505	o. State on & Gas Bease No.
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	7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT 🗸
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other INJECTION	8. Well Number 45
2. Name of Operator CHEVRON MIDCONTINENT, L.P.	9. OGRID Number 241333 /
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	LOVINGTON UPPER SAN ANDRES W.
4. Well Location Unit Letter B: 660 feet from the NORTH line and 1980 feet from the EAST line	
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: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB	
OTHER: OTHER:	REPAIR & RETEST MIT WITH CHART
 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. 12-03-08: MIRU. 12-04-08: SET BLANKING PLUG IN PROFILE NIPPLE. TEST TO 1500PSI. OK. REL ON/OFF TOOL.TIH W/KILL STRING. 12-05-08: TEST TBG TO 5000 PSI BELOW SLIPS. NO LEAKS. CIRC PKR FLUID. TEST TO 500 PSI FOR 15 MINS – OK. 12-08-08: LATCH ONTO PKR. TEST & CHART CSG TO 610 PSI FOR 30 MINS. OK. (ORIGINAL CHART & COPY OF CHART IS ATTACHED) 	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE CENTER SIGNATURE REGULATORY SPECIALIST DATE 12-10-2008	
Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375 For State Use Only OF C 1 0 0000	
APPROVED BY: Approved BY: TITLE	7 F G T R 2()()8
Conditions of Approval (if any):	DATE

