Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I 1625 N French Dr , Hobbs, NM 88240 PCCIVED		ral Resources	WELL API NO. May 27, 2004
District II 1301 W. Grand Ave. Artesia. NM 88210 CED. OIL CONSERVATION DIVISION		30-025-05359	
District III FEB U 4 20090 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr. Santa Fe, NM			6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM 87505	DOUCU		
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.)			7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT
1. Type of Well: Oil Well Gas Well Other INJECTION			8. Well Number 21
2. Name of Operator CHEVRON MIDCONTINENT, L.P.			9. OGRID Number 241333
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705			10. Pool name or Wildcat LOVINGTON SAN ANDRES G/B
4. Well Location			
Unit Letter O: 660 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 typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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 ☐ REME TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMM PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASIN			LING OPNS. P AND A
OTHER: REPAIR & RETEST MIT		OTHER DEDAIR & RETECT MIT WITH CHART	
OTHER: REPAIR & RETEST MIT OTHER REPAIR & RETEST MIT 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. 12-19-08: RAN CHART FOR NMOCD. TEST CSG TO 560 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).			
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 PURSE TON TITLE Regulatory Specialist DATE 02-03-2009			
Type or print name Denise Pinkerton E-mail address: <u>leakejd@chevron.com</u> Telephone No. 432-687-7375 For State Use Only			
APPROVED BY: Conditions of Approval (if and):	TITLE T	DISTRICT 1 9U	PERVISOR DATE FEB 05 2009
V			

