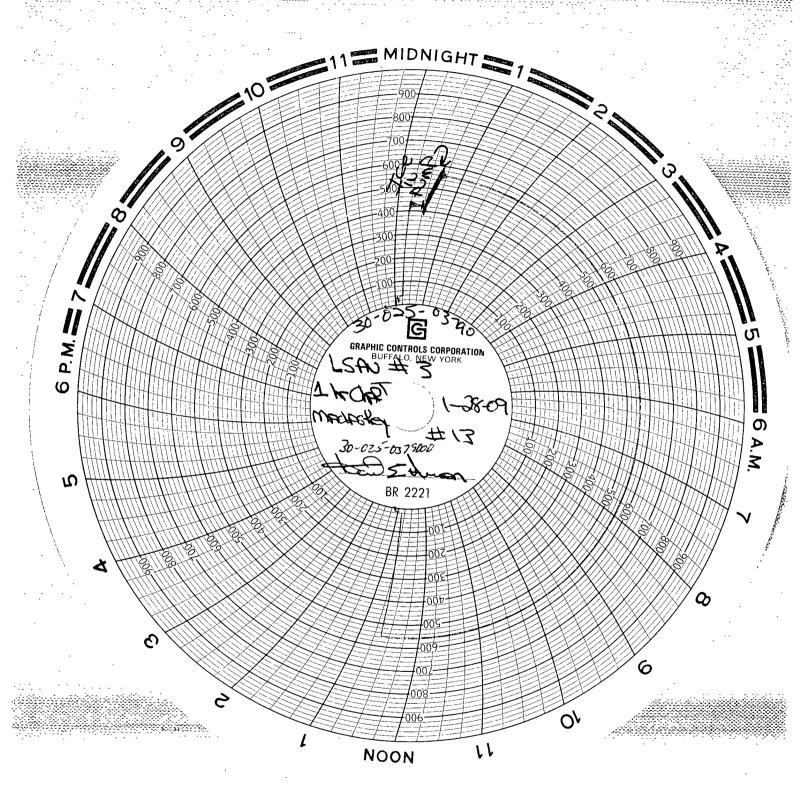
Submit 3 Copies To Appropriate District Office District I 1625 N French Dr , Hobbs, NM 88240 E District II  OH GON ICED NA TRONG DAY NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Form C-103 June 19, 2008
District II  1301 W Grand Ave, Artesia, NM 88210 FEB 1 1 200 September 1 200 S	WELL API NO. 30-025-03790
1000 Rio Brazos Rd, Aztec, NM 87410	5. Indicate Type of Lease  STATE  FEE
District IV 1220 S St Francis Dr, Santa Fe, NM 87505	6. State Oil & Gas Lease 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 PROPOSALS)	7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT
1. Type of Well: Oil Well Gas Well Other Triect	8. Well Number 3
2. Name of Operator CHEVRON MIDCONTINENT, L.P.	9. OGRID Number 241333 /
<ul><li>3. Address of Operator</li><li>15 SMITH ROAD, MIDLAND, TEXAS 79705</li></ul>	10. Pool name or Wildcat LOVINGTON GRAYBRG SAN ANDRES
4. Well Location	
Unit Letter C: 660 feet from the NORTH line and 1980 feet from the WEST line	
Section 36 Township 16-S Range 36-E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Elevation (Snow whether DR, RRB, R1, GR, etc.)	
PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRI TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE	SEQUENT REPORT OF:  K
OTHER: MIT T  13. Describe proposed or completed operations. (Clearly state all pertinent details, and	EST WITH CHART
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion	
1-28-09: TEST CSG TO 560 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF 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 SIGNATURE SIGNATURE DATE 02-10-09	
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375	
APPROVED BY: TITLE DISTRICT 1 SUPERVISOR DATE FFB 1 3 2009 Conditions of Approval (if any):	



660 N/ 1980 W C-36 165 365