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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Engage Minante and Net 1D	
District I 1625 N French Dr , Hobbs, NM 8824 C C D District II	WELL API NO. /
District II	ON 30-025-05360 /
District III FEB 1 1 200920 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410	STATE FEE
1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM HOBBSOCD anta Fe, NM 87505 87505	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	OA LOVINGTON SAN ANDRES UNIT
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well Gas Well Other Tare	8. Well Number 16
2. Name of Operator	9. OGRID Number 241333
CHEVRON MIDCONTINENT, L.P.	
3. Address of Operator	10. Pool name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	LOVINGTON GRAYBRG SAN ANDRES
4. Well Location	
Unit Letter J: 1980 feet from the SOUTH line and 2310 feet from the	he EAST line
	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT.	
12. Check Appropriate Box to Indicate Nature of I	Notice Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
DOWNHOLE COMMINGLE	•
OTHER.	TEMPORARILYARANIRONNAITHANA
OTHER: OTHER: OTHER: OTHER:	
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	nons. Attach wendore diagram of proposed completion
1-26-09: TEST CSG TO 540 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).	
WELL IS TEMPORARILY ABANDONED.	(vol. or or mace militaries).
Spud Date: Rig Release Date:	
	,
I hereby certify that the information above is true and complete to the best of my ki	nowledge and belief.
	•
SIGNATURE JUNES PUNKES FOR TITLE REGULATORY	A CONTROLL AND ADDRESS OF THE ADDRES
SIGNATURE / ////WOX / X/WOX /U/O TITLE REGULATORY	SPECIALIST DATE 02-10-09
Type or print name DENISE PINKERTON E-mail address: leakejd@chevro	on.com PHONE: 432-687-7375
For State Use Only	on.com FITONE, 452-007-7373
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AFFROVED B1. DATE	
Conditions of Approval (if any):	
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