

District I

1625 N French Dr., Hobbs, NM 88240

District II

1301 W Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S St Francis Dr., Santa Fe, NM

87505

**RECEIVED**

State of New Mexico

Energy, Minerals and Natural Resources

FEB 11 2008

OIL CONSERVATION DIVISION

**HOBBS**

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

June 19, 2008

WELL API NO.

30-025-03782

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LOVINGTON SAN ANDRES UNIT

8. Well Number 25

9. OGRID Number 241333

10. Pool name or Wildcat

LOVINGTON GRAYBRG SAN ANDRES

**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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Inject

2. Name of Operator

CHEVRON MIDCONTINENT, L.P.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter 0: 660 feet from the SOUTH line and 1980 feet from the EAST line

Section 36 Township 16-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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

OTHER: MITH TEST 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

10-24-08: TEST CSG TO 500 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART 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

Denise Pinkerton

TITLE REGULATORY SPECIALIST

DATE 02-10-09

Type or print name

DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

**For State Use Only**

APPROVED BY:

Camille W. Hill

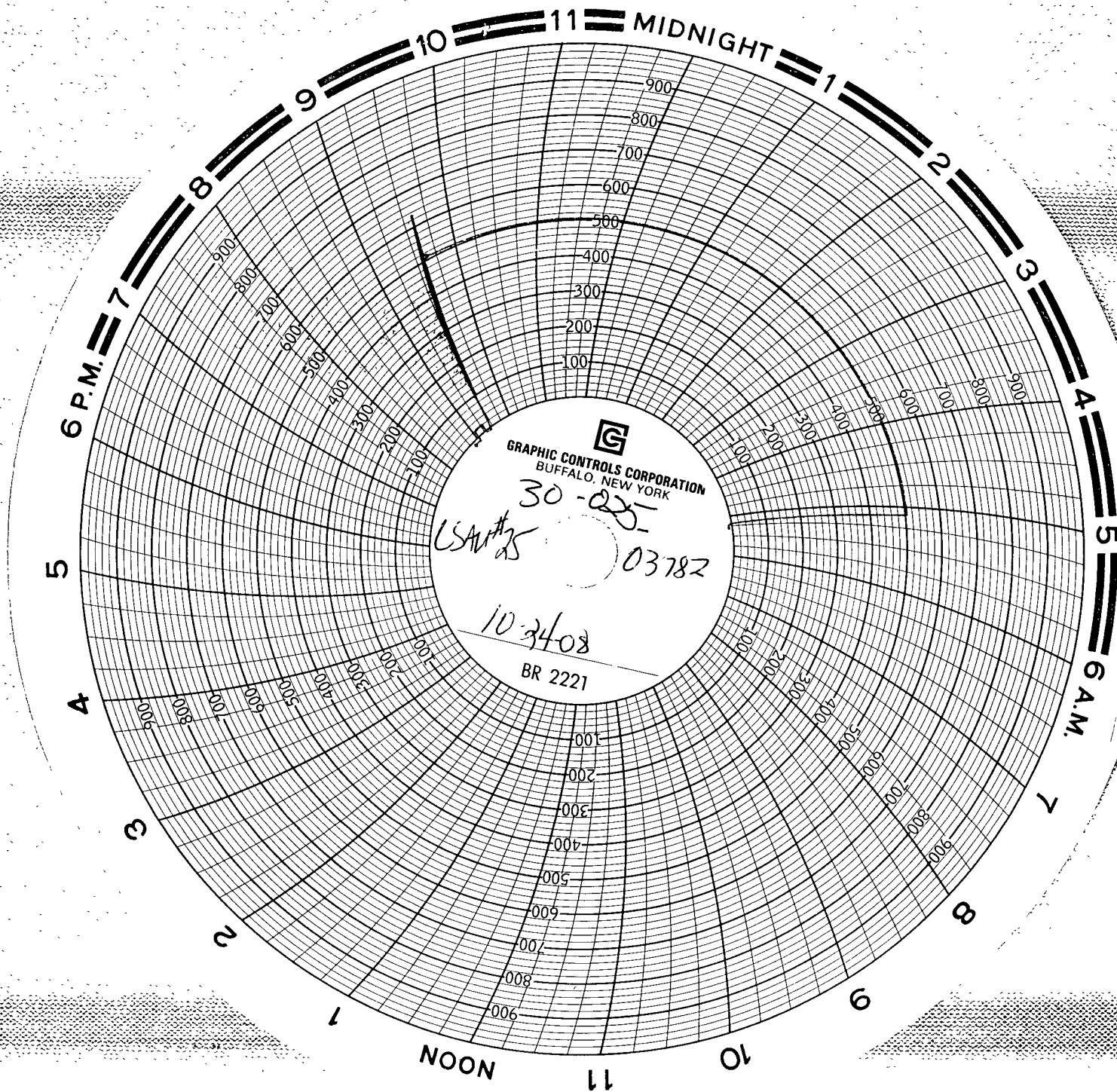
TITLE

**DISTRICT 1 SUPERVISOR**

DATE

FEB 13 2009

Conditions of Approval (if any):



LSAW # 25  
MacLasker #13 96 Mio Chart  
10-24-08

~~W. E. Damon~~

398 591 78-0  
3 0861  
5 099