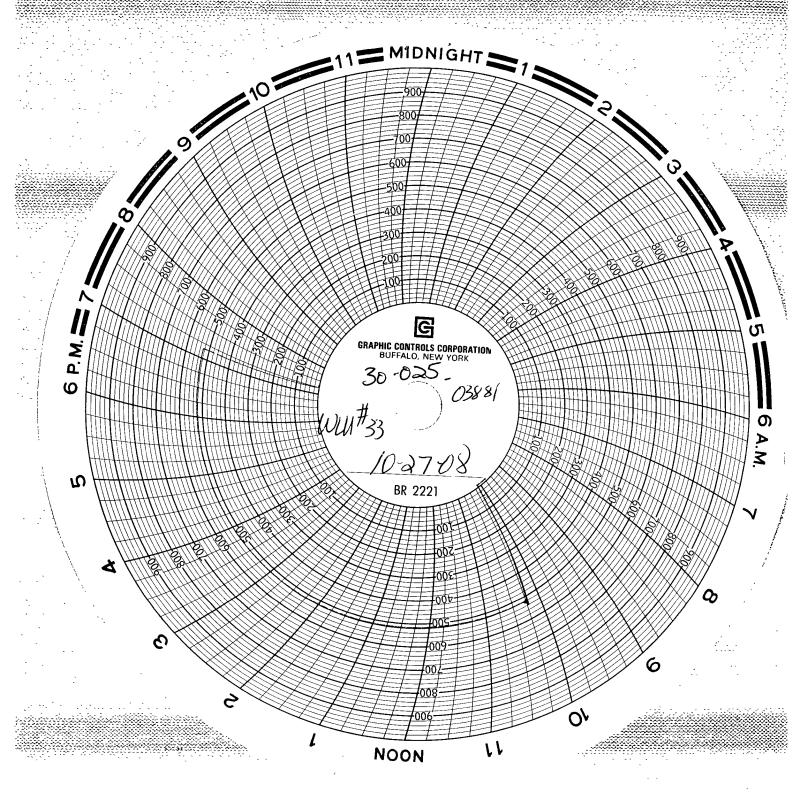
| Submit 3 Copies To Appropriate Communication State of New Mexico | Form C-103 |
|---|--|
| Office District I Energy, Minerals and Natural Resources | June 19, 2008 |
| 1625 N French Dr , Hobbs, NM 882 10 1 1 / 1114 | WELL API NO. / 30-025-03881 |
| 1301 W Grand Ave, Artesia 1301 W Grand Ave, | 5. Indicate Type of Lease |
| <u>District in</u> 17.70 SOUTH St. Francis Dr. | STATE FEE |
| 1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT / |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | , |
| 1. Type of Well: Oil Well Gas Well other In eat | 8. Well Number 33 |
| 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 P: 660 feet from the SOUTH line and 660 feet from the EAST | line |
| Section 5 Township 17-S Range 36-E NMPM County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc. | c.) |
| | |
| 12. Check Appropriate Box to Indicate Nature of Notice | e, Report or Other Data |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WO | |
| <u> </u> | RILLING OPNS. P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME | <u> </u> |
| DOWNHOLE COMMINGLE | |
| OTHER: OTHER: MITH | LTECT MITH OHADT |
| OTHER: OTHER: MITH 13. Describe proposed or completed operations. (Clearly state all pertinent details, a | d TEST WITH CHART |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion | |
| 10-27-08: TEST CSG TO 520 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED). | |
| | |
| Smild Date: | |
| Spud Date: Rig Release Date: | |
| | |
| I hereby certify that the information above is true and complete to the best of my knowled | ge and helief |
| $A \sim 1$ | So and conon |
| SIGNATURE COMMENTAL TITLE REGULATORY SPECI | IALIST DATE: 02-10-09 |
| Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> For State Use Only | PHONE: 432-687-7375 |
| DISTRICT 1 SUPERVISOR FFR 1 3 2009 | |
| | |
| Conditions of Approval (if and): | • |



MACLANGE # 13 96 Min Chart 10-27-08 DES EADORN