

**RECEIVED****FEB 11 2009****HOBBSOCD**

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-03888

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST LOVINGTON UNIT

8. Well Number 3

9. OGRID Number 241333

10. Pool name or Wildcat

LOVINGTON UPPER SAN ANDRES W.

## 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 A : 660 feet from the NORTH 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.)

## 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

10-27-08: TEST CSG TO 540 PSI FOR 30 MINUTES. (ORIGINAL CHART &amp; COPY OF CHART ATTACHED).

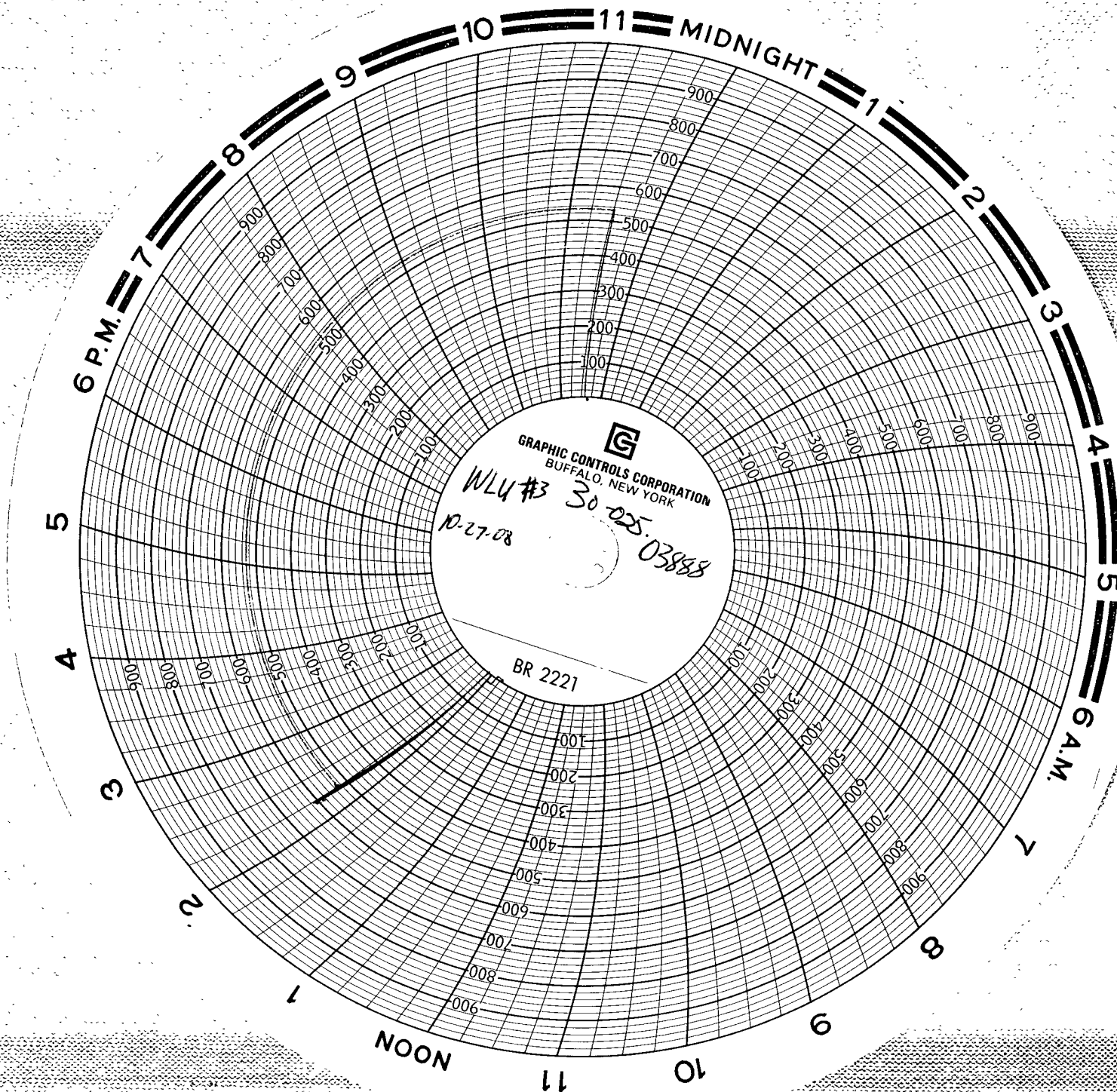
Spud Date:

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 02-10-09Type or print name DENISE PINKERTON E-mail address: [leakejd@chevron.com](mailto:leakejd@chevron.com) PHONE: 432-687-7375**For State Use Only**APPROVED BY: *Tom W. Hill* TITLE DISTRICT 1 SUPERVISOR DATE FEB 13 2009

Conditions of Approval (if any):



WLU #3  
Master #13 96 No Chart  
10-27-08 *[Signature]*

660 N  
660 E  
A-5 17S 36E  
Inj

Gov, Upper San Andres West