

**RECEIVED****FEB 11 2009****HOBBS**

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. / 30-025-03891
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST LOVINGTON UNIT /
8. Well Number 19 /
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 Inject2. Name of Operator  
CHEVRON MIDCONTINENT, L.P.3. Address of Operator  
15 SMITH ROAD, MIDLAND, TEXAS 79705

## 4. Well Location

Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the WEST 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	

## 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 520 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 02-10-09

Type 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:

Sam W. Hill

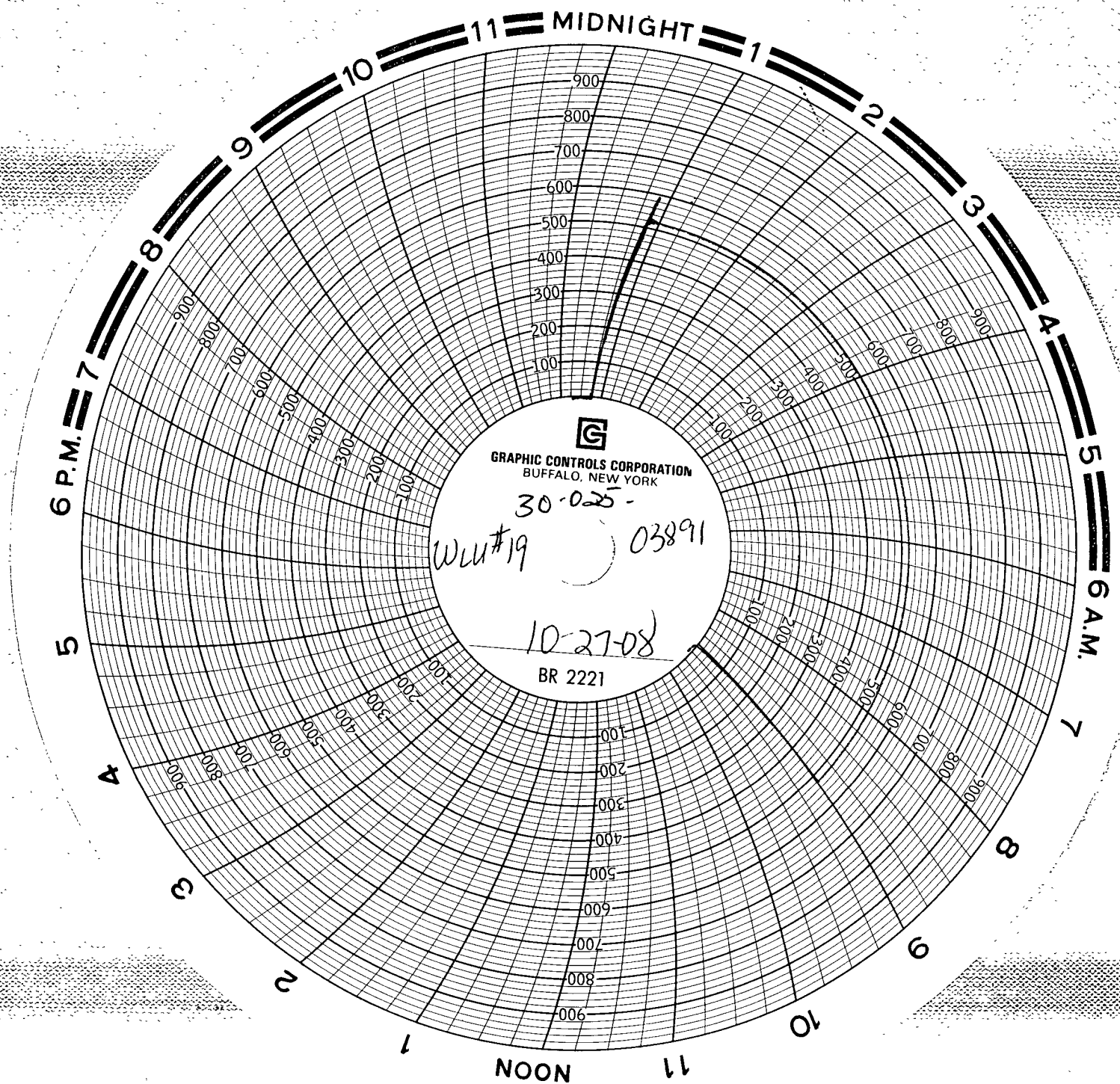
TITLE

DISTRICT 1 SUPERVISOR

DATE

FEB 13 2009

Conditions of Approval (if any):



1980 S W  
1980 W 36 E 10-27-08  
K-5 175  
WLU #19  
Mackay #13  
96 New Chart  
Deaton