

RECEIVED

FEB 11 2009

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. <input checked="" type="checkbox"/>	30-025-03918
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 <input checked="" type="checkbox"/>	
8. Well Number 48 <input checked="" type="checkbox"/>	
9. OGRID Number 241333 <input checked="" type="checkbox"/>	
10. Pool name or Wildcat LOVINGTON UPPER SAN ANDRES W.	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

## 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 C : 660 feet from the NORTH line and 1980 feet from the WEST line

Section 9 Township 17-S Range 36-E NMPM County LEA

## 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: MIT 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

\* 01-28-09: TEST CSG TO 500 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.

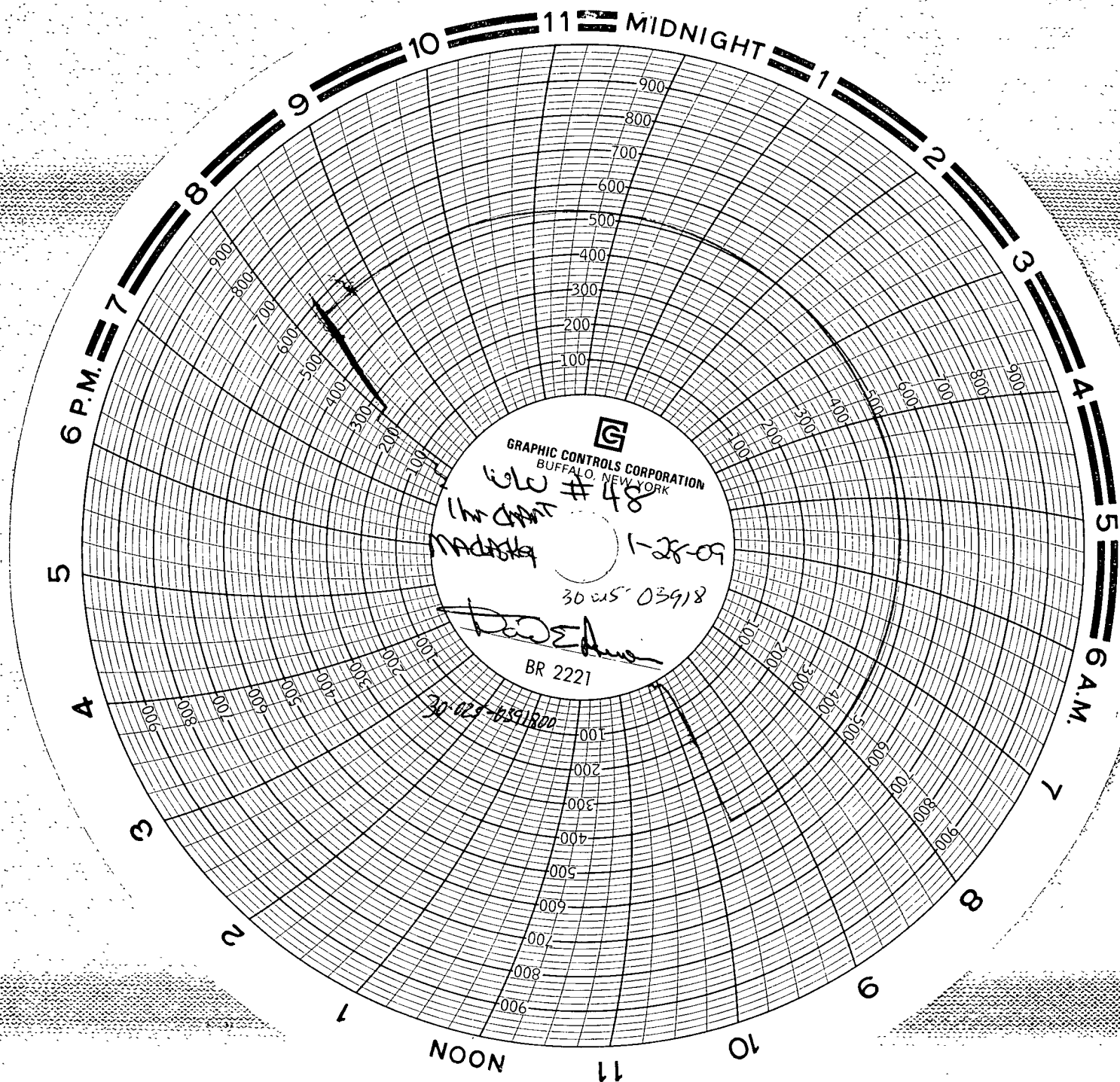
SIGNATURE Denise Pinkerton TITLE REGULATORY SPECIALIST DATE 02-10-09Type or print name DENISE PINKERTON E-mail address: leakejd@chevron.com PHONE: 432-687-7375

## For State Use Only

APPROVED BY: Tammy R. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 13 2009

Conditions of Approval (if any):

\*Well failed Test!



660 N

1980 W

C-9 17S 36E