

RECEIVEDState of New Mexico
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

FEB 11 2009

OIL CONSERVATION DIVISION

HOBBS

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-03920

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST LOVINGTON UNIT

8. Well Number 47

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 D : 660 feet from the NORTH line and 660 feet from the WEST line

Section 9 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: 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

10-28-08: TEST CSG TO 500 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).

01-28-09: TEST CSG TO 560 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:

Tammy L. Lip

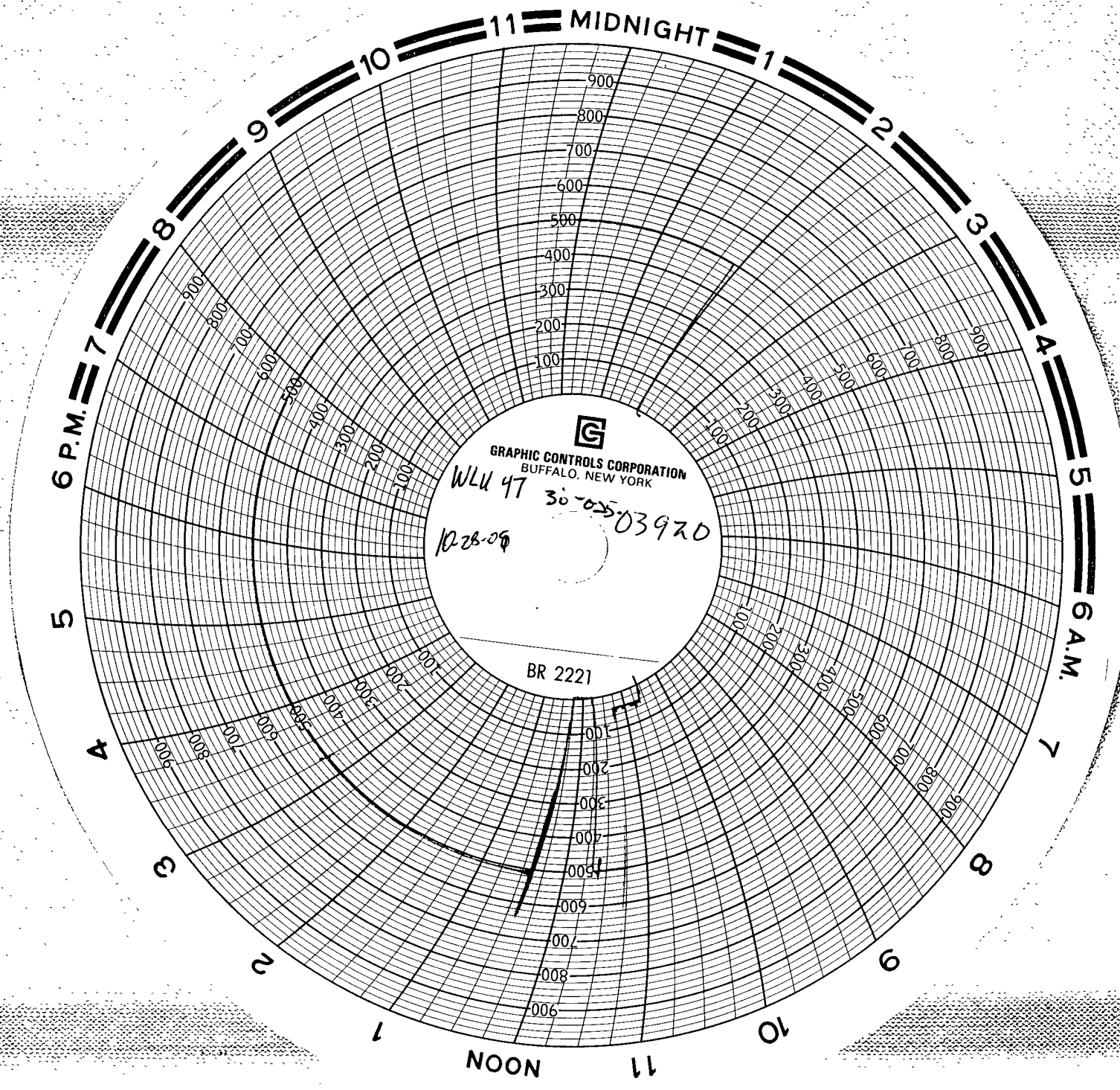
TITLE

DISTRICT 1 SUPERVISOR

DATE

FEB 13 2009

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

WLU 47

10-28-09

30-025-03920

BR 2221

WLU # 47
MADASKAY # 13
96 min Chart
10-28-08
David E. Anson

660 N
660 W
D-9
SLI 6-D
39E 17S

