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HOBBSOCD

State of New Mexico

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

June 19, 2008

WELL API NO.

30-025-03749

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

LOVINGTON PADDOCK UNIT

8. Well Number 6

9. OGRID Number 241333

10. Pool name or Wildcat

LOVINGTON PADDOCK

## 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 ☐

2. Name of Operator

CHEVRON MIDCONTINENT, L.P.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter O: 480 Feet from the SOUTH line and 2280 feet from the EAST line

Section 25 Township 16-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: REQUEST TA STATUS

OTHER:

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

CHEVRON MIDCONTINENT, L.P. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL WITH INJECTION EQUIPMENT IN PLACE, PERFORM A NMOCD STANDARD PRESSURE TEST ON THE CASING TO VERIFY MECHANICAL INTEGRITY, AND DISCONNECT THE SURFACE PIPING TO ENSURE FLUID CANNOT BE INJECTED. THIS WELL IS A LOW VOLUME INJECTOR.

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 02-11-09Type 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: Sam W. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 18 2009

Conditions of Approval (if any):

Condition of Approval : Notify OCD Hobbs  
 office 24 hours prior to running MIT Test & Chart