Submit 3 Copies To Appropriate District Office State of Ne		Form C-103
District I 1625 N French Dr , Hobbs, NM 884 CEIVED		June 19, 2008 WELL API NO. 30-025-03848
District II 1301 W Grand Ave, Artesia, NM 88240 District III 1000 Rio Brazos Rd, Aztec, NM 87410	TION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd , Aztec, NM 87410 South So	t. Francis Dr.	STATE S FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87605	NW 87303	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON V (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM O PROPOSALS)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name LOVINGTON PADDOCK UNIT
1. Type of Well: Oil Well Gas Well (Other)		8. Well Number 45
2. Name of Operator CHEVRON MIDCONTINENT, L.P.	J	9. OGRID Number 241333 /
3. Address of Operator15 SMITH ROAD, MIDLAND, TEXAS 79705		10. Pool name or Wildcat LOVINGTON PADDOCK
4. Well Location		
Unit Letter A: 660 Feet from the NORTH line and 330 feet from the EAST line		
1	6-E	County LEA
11. Elevation (Snow when	ier DR, RRB, R1, GR, eic.)	A Company of the Comp
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
_	COMMENCE DRII	
PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE	CASING/CEMENT	lor []
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 Rel	ease Date:	
I hereby certify that the information above is true and complete t	o the best of my knowledge	e and belief.
SIGNATURE TURE PURELENT TITLE REGULATORY SPECIALIST DATE 02-11-09		
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375 For State Use Only		
APPROVED BY: DATE TITLE DISTRICT 1 SUPERVISOP DATE FEB 1 8 2000		

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