

RECEIVED

FEB 12 2009

HOBBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-05376

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

## 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 ☒ *Imp.*

2. Name of Operator

CHEVRON MIDCONTINENT, L.P.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

7. Lease Name or Unit Agreement Name

LOVINGTON PADDOCK UNIT

8. Well Number 35

9. OGRID Number 241333

10. Pool name or Wildcat

LOVINGTON PADDOCK

4. Well Location

Unit Letter P: 810 Feet from the SOUTH line and 810 feet from the EAST line

Section 31 Township 16-S Range 37-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 02-11-09

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:

*Camy D. 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