Submit 3 Copies To Appropriate District  State of New M	exico Form C-103	
Office District I  Energy, Minerals and Nat	ural Resources June 19, 2008	
1625 N French Dr., Hobbs, NM 88240	WELL API NO.	
District II 1301 W. Grand Ave , Artesia, NM 8821 RECEIVED SERVATION	N DIVISION 30-025-03896	
District III 1220 South St. Fra	5. Indicate Type of Lease	
1000 Rio Brazos Rd, Aztec, NM 87410 MAR 0 4 700 Conto Fo NIM 8	STATE A FEE	
1220 C St Erongia Dr. Conto Eo NIM	6. State Oil & Gas Lease No.	
87505 HOBBSOCD		
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F PROPOSALS.)	OR SUCH	
1. Type of Well: Oil Well Gas Well Other INJECTOR	8. Well Number 17	
2. Name of Operator	9. OGRID Number 241333	
CHEVRON MIDCONTINENT, L.P.  3. Address of Operator	10. Pool name or Wildcat	
15 SMITH ROAD, MIDLAND, TEXAS 79705	LOVINGTON UPPER SAN ANDRES W.	
4. Well Location		
Unit Letter I: 1980 feet from the SOUTH line and 660 f	eet from the EAST line	
Section 6 Township 17-S Range 36-E	NMPM County LEA	
11. Elevation (Show whether DR	R, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate 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: TEMPORARILY ABANDON 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.		
2-17-09: TEST CSG TO 560 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED)		
WELL IS TEMPORARILY ABANDONED.		
Spud Date: Rig Release D	This Approval of Temporary  Abandonment Expires 3-6-2014	
Spud Date: Rig Release Date: Abandonment Expires		
***************************************		
I hereby certify that the information above is true and complete to the b	oot of any large of the first	
Thereby certify that the information above is true and complete to the b	est of my knowledge and belief.	
$A \rightarrow A \rightarrow$		
SIGNATURE JUNES TEN KERTON TITLE REGULATORY SPECIALIST DATE 03-02-2009		
Type or print name DENISE PINKERTON E-mail address: <u>leak</u>	ejd@chevron.com PHONE: 432-687-7375	
For State Use Only		
APPROVED BY: Conditions of Approval (if any):  Conditions of Approval (if any):	TRICT 1 SUPERVISOR DATE MAR 0 9 200	
APPROVED BY: DATE  Conditions of Approval (if and):		

