

RECEIVED

APR 21 2009

HOBBSOCD

OIL CONSERVATION DIVISION

220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ☒ 30-025-03779
5. Indicate Type of Lease STATE ☒ FEE ☐ ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT
8. Well Number 5
9. OGRID Number 241333
10. Pool name or Wildcat LOVINGTON SAN ANDRES ☒

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 INJECTION

2. Name of Operator

CHEVRON MIDCONTINENT, L.P.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter A 660 feet from the NORTH line and 660 feet from the EAST line

Section 36 Township 16-S Range 36-E NMPM County LEA ☒

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

OTHER:

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.

4-03-09: RAN CHART TO 580 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED).

DISCONNECTED THE INJECTION LINE, LEFT INJECTION EQUIPMENT IN THE HOLE & TEMPORARILY ABANDONED THE WELL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 04-24-2009Type or print name Denise Pinkerton E-mail address: leakejd@chevron.com Telephone No. 432-687-7375

For State Use Only

APPROVED BY: Tammy M. Lipp TITLE DISTRICT 1 SUPERVISOR DATE APR 28 2009

Conditions of Approval (if any):

This Approval of Temporary
Abandonment Expires 4-28-2014

