Submit One Copy To Appropriate District State of New Mexico	Form C-103
Office District I State of New Mexico State of New Mexico Minerals and Natural Resources	March 18, 2009
	WELL API NO. 30-025-24066
District II APR 2 2 2 2000 CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 8 470 Santa Fe. NM 87505	STATE FEE X
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
87505 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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Jal Water System
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Water Well	8. Well Number #4
2. Name of Operator Chevron USA	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
PO Box 7139, Midland, Texas 79708	1.751.7.000; Len
4. Well Location	1 Wow, Capital
Unit Letter B: 1313 feet from the North line and 1327 feet from the East line	
Section 16 Township 24S Range 36E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, of 3390" DF Est.	etc.)
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	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
OTHER: Continuous Complex Continuous Cont	
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT	
LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY	
STAMPED ON THE MARKER'S SURFACE.	
X The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other	
production equipment. X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD	
rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from	
lease and well location.	
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to	
be removed.) X All other environmental concerns have been addressed as per OCD rules.	
X Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved	
flow lines and pipelines.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
	•
SIGNATURE TITLE Production Tear	m LeaderDATE04-21-2009
TYPE OR PRINT NAME E-MAIL:	PHONE:
For State Use Only	I IIVIII,
ADDRESS OF THE STATE OF THE STA	R. x1 00-0000
APPROVED BY: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HIGY DATE 04-28-2009