| Submit 3 Copies To Appropriate District | State of New Mexico | | Form C-103 |
|---|--|--|--|
| Office District I | Energy, Minerals and Natural Resources | | June 19, 2008 |
| 1625 N. French Dr , Hobbs, NM 88240 | | | WELL API NO. |
| District II 1301 W Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION | | 30-025-03787 5. Indicate Type of Lease | |
| <u>District III</u> 1220 South St. Francis Dr. | | STATE STATE FEE | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S St Francis Dr , Santa Fe, NM | | 5. State 5.1 2 5.1 2 5.1 5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7 | |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. | | | 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 | | LOVINGTON SAN ANDRES UNIT | |
| PROPOSALS) 1. Type of Well: Oil Well Gas Well Other INJECTION | | 8. Well Number 26 | |
| 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 SAN ANDRES G/B | |
| 4. Well Location | | | |
| Unit Letter N: 660 feet from the SOUTH line and 1980 feet from the WEST line | | | |
| Section 36 Township 16-S Range 36-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: SUBSEQUENT REPORT OF: | | | SEQUENT REPORT OF |
| PÉRFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR | | | |
| TEMPORARILY ABANDON | | | ILLING OPNS. □ P AND A □ |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | T JOB 🔲 |
| DOWNHOLE COMMINGLE | | | |
| | | 071150 | |
| OTHER: REPAIR & RETEST | lated energtions (Clearly state all | OTHER: | ad give pertinent dates including estimated date |
| 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 REPAIR THE SUBJECT WELL DUE TO NO WELLHEAD ON THE SURFACE | | | |
| CASING. (NO SURFACE CASING RISER – FOLLOW-UP TO NMOCD BRADEN HEAD INSPECTION FAILURE) | | | |
| THIS WILL PROVIDE A MEANS OF MONITORING THE SURFACE – INTERMEDIATE CASING ANNULUS PRESSURE. | | | |
| EXISTING INTERMEDIATE IS HUNG OFF ON TOP OF THE SURFACE CASING WITH WOODEN WEDGES. | | | |
| INSERT A 1" STINGER APPROX 8' INTO THE SURF-INTER ANNULUS. PACK OFF STINGER & ANNULUS AT LEAST 4' | | | |
| BELOW THE TOP OF THE SURF CSG W/PACK OFF MATERIAL. POUR CMT INTO ANNULUS ON TOP OF PKNG MAT. | | | |
| BRNG CMT LEVEL TO SURF. WORK AIR VOIDS OUT OF CMT. ALLOW TO CURE. EXTEND RISER ABOVE GRND LEVEL. | | | |
| BACKFILL WELLHEAD W/CLEAN DIRT. RECONNECT WELLHEAD TO FLOWLINE. | | | |
| Phone message to Buddy Hill from Tejay Simpson on 5-06-09 @ approx 9:45 am | | | |
| Spud Date: Rig Release Date: | | | |
| | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| Thereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE MISE INTERTON TITLE REGULATORY SPECIALIST DATE 05-06-09 | | | |
| Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375 | | | |
| For State Use Only Order DISTRICT 1 SUPERVISOR BANY 1 7 0000 | | | |
| APPROVED BY: TITLE DISTRICT 1 SUPERVISOR DATE MAY 7 1 2009 | | | |
| Conditions of Approval (ff/any): | | | |