

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. Hobbs Blvd., Hobbs, NM 88240  
District II  
1301 W. Grant Ave., Artesia, NM 88210  
District III  
1000 Rio Bonito Blvd., Santa Fe, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-31365
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & 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.)		7. Lease Name or Unit Agreement Name LOVINGTON SAN ANDRES UNIT
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		8. Well Number 71
2. Name of Operator CHEVRON MIDCONTINENT, L.P.		9. OGRID Number 241333
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705		10. Pool name or Wildcat LOVINGTON GRAYBURG S/A
4. Well Location Unit Letter J: 1362 feet from the SOUTH line and 1425 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.)		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER _____		OTHER: TUBING REPAIR	

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

5-23-09: MIRU. TIH W/TBG. 5-24-09: TIH W/145 JTS 2 7/8: TBG. 5-25-09: 5-26-09: PRESSURE TEST CSG TO 500 PSI FOR 30 MINS. CHART TEST. GOOD (ORIGINAL CHART & COPY OF CHART ATTACHED). RIG DOWN.

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 06-03-2009

Type or print name Denise Pinkerton E-mail address: leakejd@chevron.com Telephone No. 432-687-7375

**For State Use Only**

APPROVED BY: Tommy W. Hill TITLE DISTRICT 1 SUPERVISOR DATE JUN 19 2009  
Conditions of Approval (if any):

