| Submit 3 Copies To Appropriate District | State of New Mexico | Form C-103 |
|---|---|---|
| Office District I | Energy, Minerals and Natural Resources | March 4, 2004 |
| 1625 N French Dr., Hobbs, NM 88240 CONSERVATION DIVISION | | WELL API NO. |
| District II 1301 W Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION | | 30-025-03918 |
| District III un 20 200020 South St. Francis Dr | | 5. Indicate Type of Lease STATE FEE |
| District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 120 201920 South St. Francis Dr. District IV 1220 S St. Francis Dr, Santa Fe, NM HOBBSOCD Santa Fe, NM 87505 | | STATE FEE 6. State Oil & Gas Lease No. |
| District IV 1220 S St Francis Dr, Santa Fe, NM HOBE | 3SOCD and 1 c, 100 07303 | 6. State Off & Gas Lease No. |
| 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 | | West Lovington Unit |
| PROPOSALS) | | 8. Well Number |
| 1. Type of Well: Oil Well ☐ Gas Well ☑ Oth | per Injector | 48 |
| | injector / | / |
| Name of Operator Chevron Midcon | tonent L.P. | 9. OGRID Number 241333 |
| 3. Address of Operator 15 Smith Rd., N | //Midland, TX 79705 | 10. Pool name or Wildcat Lovington Upr. San Andres W. |
| 4. Well Location | | |
| Unit Letter C : 66 | feet from the North line and 19 | feet from the West line |
| Section 9 | Township 17-S Range 36-E | NMPM Lea County |
| | Elevation (Show whether DR, RKB, RT, GR, etc. | |
| 11 | . Elevation (Show whether DR, RRD, R1, GR, etc.) | |
| Pit or Below-grade Tank Application (For pit of | or below-grade tank closures, a form C-144 must be attache | <u>d)</u> |
| | Rng 36E Pit type Steel Depth to Groundwater | |
| | Below-grade Tank Location UL Sect Twi | |
| | | , , , , , , , , , , , , , , , , , , , |
| feet from the NOIII line and 1900 | feet from the <u></u> | · |
| | | en e |
| 12 Check Appr | ropriate Box to Indicate Nature of Notice, | Report or Other Data |
| NOTICE OF INTE | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PL | | |
| | | • |
| TEMPORARILY ABANDON C | _ | LLING OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING MI | ULTIPLE CASING TEST A OMPLETION CEMENT JOB | NDApproved for plugging of well bore only. Liability under bond is retained pending receipt |
| • | | of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under |
| OTHER: | ☐ OTHER: | Forms, www.cmnrd.state.nm.us/oed. |
| 13. Describe proposed or completed | d operations. (Clearly state all pertinent details, an | d give pertinent dates, including estimated date |
| of starting any proposed work). or recompletion. | SEE RULE 1103. For Multiple Completions: A | tach wellbore diagram of proposed completion |
| 1. Notify OCD 24 hrs prior to MI and RU. | | 00', Squeezed 65sx Class C Cmt |
| 2. MI P&A Equip. 7/8/09 | | @1780' 7/14/09 |
| Squeezed 75 Class C Cmt 4678-4941 Spot 25sx Class C Cmt @4622 7/10/0 | |), Circ 110sx Class C Cmt Down 5 1/2 Csg fs & up 5 1/2x8 5/8 ANN to Suerf 7/14/09 |
| Circ Well w/MCF 4408-surf 7/13/09 | Tag Toc (| DSurf 7/15/09 |
| 6. Perf @3475 No Squeeze, Spot 30sx C | Class C Cmt @3550 9. Install Dry | Hole Marker 7/15/09 |
| Tag Toc @3242' 7/13/09 | | |
| grade tank has been/will be constructed or close | re is true and complete to the best of my knowledg ∮ according to NMOCD guidelines □, a general permit □ | or an (attached) alternative OCD-approved plan . |
| | | • |
| | | |
| SIGNATURE () | TITLE MANAGER | DATE 7-16-09 |
| | | _ |
| Type or print name TIMMy BAG | | _ |
| Type or print name TIMMY BAG | | _ |
| | E-mail address: Sunset well: | _ |
| Type or print name Timmy Bro | E-mail address: Sunsequent | Service etation Telephone No. 432 561-8600 |
| Type or print name TIMMY BAG | E-mail address: Sunset well: | DATE 7-16-09 Service of the PERVISOR DATE 1-16-09 DATE 7-16-09 DATE 7-16-09 DATE 7-16-09 |