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Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr, Hobbs, NM 88240
 District II
 1301 W Grand Ave, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBOCD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 March 4, 2004

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injector</u>		WELL API NO. 30-025-03799 ✓ 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓ 6. State Oil & Gas Lease No.
2. Name of Operator Chevron Midcontinent L.P.		7. Lease Name or Unit Agreement Name Lovington San Andres Unit ✓ 8. Well Number 10 ✓
3. Address of Operator 15 Smith Rd., Midland, Tx 79705		9. OGRID Number 241333 ✓ 10. Pool name or Wildcat Lovington, S. Andres ✓
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line ✓ Section <u>36</u> Township <u>16S</u> Range <u>36-E</u> NMPM <u>Lea</u> County		
11. Elevation (Show whether DR, RKB, RT, GR, etc)		

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL H Sect 36 Twp 16S Rng 36E Pit type Steel Depth to Groundwater 60' Distance from nearest fresh water well Over 1000'
 Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
1980 feet from the North line and 1980 feet from the East line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	
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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.

1. Notified OCD 24 hrs prior to MIRU to P & A. 2/4/10
2. Squeezed 50sx Class C Cmt@4670' 2/9/10 Tag Toc@4365' 2/10/10
3. Circ Well w/MLF 4365'-Surf. 2/10/10
4. Spot 25sx Class C Cmt 4365'-4265' 2/10/10
5. Perf@3165'. Squeezed 80sx Class C Cmt 2/10/10. Tag Toc@2920' 2/11/10
6. Perf@2220' Squeezed 130sx Class C Cmt 2/11/10 Tag Toc@1905' 2/11/10
7. Perf@385' Circ 210sx Class C Cmt 385'-Surf 7-7x9 5/8 9 5/8x13' ANN. 2/11/10 Tag@Surf 2/12/10

8. Install Dry Hole Marker 2/12/10

Approved 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 Permitting

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that no pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE MANAGER DATE 2-15-10
 Type or print name JIMMY BAGLEY E-mail address: sunsetwellservice@yahoo.com Telephone No. 432-561-8600

(This space for State use)

APPROVED BY [Signature] TITLE OCD FIELD REPRESENTATIVE/STAFF MANAGER DATE 2-18-10
 Conditions of approval, if any: