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 District I
 1625 N French Dr, Hobbs, NM 88240
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 District IV
 1220 S St Francis Dr., Santa Fe, NM 87505

SEP 09 2010
 HOBBSOCO

State of New Mexico
 Energy, Minerals and Natural Resources
 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-03748
2. Name of Operator Chevron Midcontinent, L.P.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator #15 Smith Rd., Midland, Tx 79705		6. State Oil & Gas Lease No. B-7893
4. Well Location Unit Letter <u>O</u> : <u>480</u> feet from the <u>South</u> line and <u>2130</u> feet from the <u>East</u> line Section <u>25</u> Township <u>16-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County		7. Lease Name or Unit Agreement Name Lovington San Andres Unit (26748)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 2
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)		9. OGRID Number 241333
Pit Location: UL <u>O</u> Sect <u>6</u> Twp <u>25</u> Rng <u>36E</u> Pit type <u>Steel</u> Depth to Groundwater _____ Distance from nearest fresh water well <u>Over 1000'</u> Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ; <u>480</u> feet from the <u>South</u> line and <u>2130</u> feet from the <u>East</u> line		10. Pool name or Wildcat Lovington; Grayburg-SanAndres (4058)

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.

- 8/19/10 Notified OCD 24 hrs prior to MIRU to P & A equipment.
- 8/25/10 Tagged CIBP@4590' Spotted 30sx C Cmt F/4590'-4300'
- 8/25/10 Displ Hole w/MLF, 9 5# Brine w/12 5# Gel P/BBL
- 8/26/10 Perf@3100' Unable to EPIR Spot 30sx C Cmt F/3150'-2900' (B.Salt Est) WOC & Tagged@2880' 8/27/10
- 8/27/10 Perf@2325' Squeezed 105sx C Cmt (T Salt, Est/Shoe) WOC Tagged@1816'
- 8/27/10 Perf@350' SQZ 135sx C Cmt Circ Cmt to Surf (Fr. Wtr/Surf) WOC Tag@Surf

7. Install Dry Hole Marker 8/29/10

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 Forms, www.emnrd.state.nm.us/oed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jimmy Bagley TITLE MANAGER DATE 8-30-10

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 STAFF INCH DATE 9-9-10
 Conditions of approval, if any:

RM