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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

OCT 12 2010

HOBBSOCD

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

WELL API NO. 30-025-03782
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lovington San Andres Unit #25
8. Well Number 25
9. OGRID Number 241333
10. Pool name or Wildcat Lovington; Grayburg San Andres

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 ☐ Gas Well ☒ Other Injection ☒

2. Name of Operator
Chevron Midcontinent, L.P.

3. Address of Operator
#15 Smith Rd., Midland, Tx 79705

4. Well Location
Unit Letter O : 660 feet from the South line and 1980 feet from the East line
Section 36 Township 16-S Range 36-E NMPM Lea 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 O Sect 36 Twp 16S Rng 36E Pit type Steel Depth to Groundwater _____ Distance from nearest fresh water well Over 1000'
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____;
660 feet from the South 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

- 9/29/10 Notified OCD 24 hrs prior to MIRU to P & A equipment
- 10/1/10 Squeeze 50sx C Cmt F/4450'-4250' (OH & Shoe) Tag TOC@4227'
- 10/4/10 Displace Hole w/MLF, 9 5# Brne w/25# Gel P/BBL
- 10/4/10 Perf@3295' Unable to EPIR Spot 50sx C Cmt F/3352'-2890' (B. Salt/Shoe) Tag TOC@2830'
- 10/5/10 Perf@2150' Unable to EPIR Spot 25sx C Cmt F/2200'-1950' (T. Salt)(5 1/2x8 5/8x10 3/4) Tag TOC@1957'
- 10/6/10 Perf & SQZ 373sx C Cmt F/400'-Surf (Shoe/Fr Wtr/Surf)(5 1/2x8 5/8x10 3/4&13) WOC Tag@Surf
- 10/7/10 Install Dry Hole Marker

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jimmy Bagley TITLE MANAGER DATE 10/8/10

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 WR DATE 10-14-10
Conditions of approval, if any: