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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
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.)		WELL API NO. 30-025-03876
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Water Injection Well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron Midcontinent, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator #15 Smith Rd., Midland, Tx 79705		7. Lease Name or Unit Agreement Name West Lovington Unit
4. Well Location Unit Letter <u>D</u> : 660 feet from the <u>North</u> line and 660 feet from the <u>West</u> line Section <u>4</u> Township <u>17-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 241333
		10. Pool name or Wildcat Lovington; Upper San Andres W

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

Pit Location: UL D Sect 4 Twp 17S 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 North line and 660 feet from the West 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.

- 10/21/10 Notified OCD on MIRU to P&A
- 10/26/10 Tag PBTD@4685' Spot 25sx C Cmt F/4685'-4442'
- 10/26/10 Displace Hole w/MLF 9.5# Brine w/12.5# Gel P/BBL
- 10/27/10 Perf@3325' (B. Salt) Unable to EPIR Spot 35sx C Cmt F/3375'-3100' WOC Tagged@3090'
- 10/27/10 Perf@2220' (T. Salt/Shoe) SQZ'd 75sx C Cmt WOC Tagged@1824' 10/28/10
- 10/28/10 Perf@400' (Fr Wtr/Shoe/Surf) (5 1/2x8 5/8x11&13 3/8) Circ Cmt to Surf w/285sx C Cmt WOC Tagged@Surf

7. 10/29/10 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 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 10/29/10

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 STATE MANAGER DATE 11-3-10

Conditions of approval, if any: