

RECEIVED

## OIL CONSERVATION DIVISION

DEC 14 2010

HOBBSOCD

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-31462

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
WEST LOVINGTON UNIT

8. Well Number 97

9. OGRID Number 241333

10. Pool name or Wildcat  
LOVINGTON; UPPER SAN ANDRES, W

## 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 ☐

2. Name of Operator

CHEVRON MIDCONTINENT, L.P.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter D: 95 feet from the NORTH line and 115 feet from the WEST line

Section 8 Township 17-S Range 36-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 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 COMPL ☐  
 DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: REQUEST TO TEMPORARILY ABANDON

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.

CHEVRON MIDCONTINENT, L.P. INTENDS TO TEMPORARILY ABANDON WELLBORE FOR FUTURE DEVELOPMENT.

THE CIBP WILL BE SET @ 4690.

MIT CHART WILL BE RUN, TESTING TO 500 PSI FOR 30 MINUTES.

## Rule 19.15.25.14

Set CIBP, RBP or Packer within 100 feet of uppermost perfs. or open hole. Pressure test to 500 psi for 30 minutes with a pressure drop of not greater than 10% over a 30 minute period. Release Date:

SAVING THE  
 Condition of Approval: Notify OCD Hobbs  
 office 24 hours prior of running MIT Test & Chart

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

REGULATORY SPECIALIST

DATE 12-13-2010

Type or print name DENISE PINKERTON

E-mail address: [leakejd@chevron.com](mailto:leakejd@chevron.com)

PHONE: 432-687-7375

For State Use Only

APPROVED BY:

TITLE

STAFF MEMBER

DATE 12-16-10

Conditions of Approval (if any):