Submit 1 Copy To Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised August 1, 2011	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO.		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-12349 5. Indicate Type of L	ease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🛛 FEE 🗌		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 875	505	6. State Oil & Gas Le	ease No.	
87505 SUNDRY NO	TICES AND REPORTS ON WELLS		7. Lease Name or Un	it Agreement Name	
(DO NOT USE THIS FORM FOR PROF	POSALS TO DRILL OR TO DEEPEN OR PLUG LICATION FOR PERMIT" (FORM C-101) FOR	WEST DOLLARHID			
PROPOSALS.)	Gas Well 🛛 Other Injector HOBB		UNIT 8. Well Number	56	
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🛛 Other Injector		9. OGRID Number 4323		
CHEVRON U.S.A. INC.	IUL 2	2 9 2014			
3. Address of Operator 15 SMITH ROAD, MIDLAND	TEXAS 79705		10. Pool name or Wil Dollarhide; Tubb Drin		
4. Well Location	REC	SIVED			
Unit Letter E :	2310 feet from the North line ar	nd 330 feet	from the West li	ine	
Section 33				ty LEA	
	11. Elevation (Show whether DR, R	KKB, RI, GK, etc.			
12. Check	Appropriate Box to Indicate Nat	ture of Notice,	Report or Other Da	ta	
	NTENTION TO:		SEQUENT REPO		
PERFORM REMEDIAL WORK		REMEDIAL WOR		TERING CASING 🗌	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI					
DOWNHOLE COMMINGLE			_		
OTHER: Intent to cleanout, acidiz	re & return to injection	OTHER:		П	
13. Describe proposed or cor	npleted operations. (Clearly state all pe	ertinent details, and			
of starting any proposed proposed completion or r	work). SEE RULE 19.15.7.14 NMAC.	For Multiple Cor . O A - 5	•	BORE DIAGRAM	
	the closed loop system with a steel tan	$\omega/$	SUBSEQUENT		
Chevron USA Inc. intends to clean	nout, acidize the perforated intervals and	d return the well to	o injection.		
This well failed the annual UIC B	adenhead test.				
			lition of Approval: notify		
Per Underground Injection Control Program Manual)CD Hobbs office 24 hours		
11.6 C Packer shall be set within or less than 100 Spud Date: Rig Release Date:		prior of	rior of running MIT Test & Chart		
feet of the uppermost injecti	on perfs or open hole.	·			
I hereby certify that the information	on above is true and complete to the best	st of my knowledg	e and belief.		
SIGNATURE RUTTER	1 Bills_TITLE PERM	/IT SPECIALIST	DATE	07/24/2014	
Type or print name Britany Co For State Use Only,	rtez E-mail address: <u>E</u>	Bcortez@chevron.	com PHONE: 432-	007-7415	
	Know 2 North	Su Day 1		7/20/2011	
APPROVED BY: I Value Conditions of Approval (if any):	SPLOWN TITLE PULL	· monu	DATE	1 ou juit	
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		•	JUL 3 0 2014	110.	

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