

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OCD

JAN 24 2020  
RECEIVED

WELL API NO. 30-025- 32772
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: West Dollarhide Drinkard Unit
8. Well Number: 151
9. OGRID Number: 4323
10. Pool name or Wildcat: Dollarhide Tubb-Drinkard

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: Water Injector ☐

2. Name of Operator:  
Chevron U.S.A. Inc.

3. Address of Operator:  
6301 Deauville Blvd, Midland, TX. 79706

4. Well Location  
Unit Letter B : 640 feet from the North line and 2000 feet from the East line  
Section 5 Township 25-S Range 38-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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: TA Extension - 1 Years <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6 mth

Chevron is requesting a ~~one-year~~ TA extension for the above subject well pending the submittal and approval of the MIT chart.

Received verbal approval from Kerry Fortner on 1/14/2020 via phone.

Current TA expires on 4/9/2020.

Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE Cindy Herrera-Murillo TITLE Permitting Specialist DATE 01/24/2020

Type or print name Cindy Herrera-Murillo E-mail address: Cherreramurillo.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Kerry Fortner TITLE CO A DATE 1-28-20

Conditions of Approval (if any):