| Submit 1 Copy To Appropriate District Office | State of New Mexico | | | Form C-103 | |
|--|--|----------|------------------|----------------------------------|-------------|
| District 1 (575) 303-6161 | Energy, Minerals and Natural Resources | | | Revised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88246 2014 | \ | | | WELL API NO. 30-025-33404 | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | |
| District III — (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874100 | 1220 South St. Francis Dr. | | | STATE 🛛 🕇 FE | |
| 1000 Rio Brazos Rd., Aztec, NM SALEVED District IV – (505) 476-3460 RECEVED 1220 S. St. Francis Dr., Santa Fe, NM | 220 S. St. Francis Dr., Santa Fe, NM | | | 6. State Oil & Gas Lease No | D. |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Name or Unit Agre | eement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | , Lease Manne or Smithigh | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | W DOLLARHIDE DRINKA | ARD UNIT |
| 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number 157 | |
| 2. Name of Operator | | | | 9. OGRID Number | |
| CHEVRON USA INC 3. Address of Operator | | | | 4323 10. Pool name or Wildcat | |
| 15 SMITH RD, MIDLAND, TX 79705 | | | | DOLLARHIDE TUBB DRINKARD | |
| 4. Well Location | | | | | |
| Unit Letter P : 1275 | feet from the | SOUTH | line and | 400 feet from the _EAS | T line |
| Section 31 Township | | - 38E | NMPM | County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| | | | | | |
| 10 61 1 | | | CAT | | |
| 12. Check Appr | copriate Box to Ind | icate Na | ature of Notice, | Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR | | | | | G CASING □ |
| TEMPORARILY ABANDON | | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN | | | | I JOB | |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM | | | | | |
| OTHER: | | | | TUS WITH MIT CHART | |
| 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. | | | | | |
| proposed completion of recompletion. | | | | | |
| | | | | | |
| 01/14/2014 TERM CARNIC TO 500 POLEOR 20 MINUTES. ORIGINAL CHART IS ATTACHED | | | | | |
| 01/14/2014 TEST CASING TO 500 PSI FOR 30 MINUTES. ORIGINAL CHART IS ATTACHED. WELL IS TEMPORIRILY ABANDONED. | | | | | |
| WEEL IO TEIM ORIGIN MEMORIES. | | | | | |
| | | | | | |
| | | | | | |
| This Approval of Temporary 01/14/2015 Abandonment Expires | | | | | |
| Abandonment Expires | | | | | |
| · | | | | | |
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| | | | | | |
| Spud Date: | Rig Re | lease Da | te: | | |
| L | | | | | |
| The state of the s | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| | | | | | |
| SIGNATURE Lindy Marcia - Millo TITLE PERMITTING SPECIALIST DATE 01/15/2014 | | | | | |
| Time on wint name (CDIDV HEDDEDA MUDILLO E mail address Champana III O I DUOVE (CC CC CC) | | | | | |
| Type or print name <u>CINDY HERRERA-MURILLO</u> E-mail address: <u>Cherreramurillo@chevron.com</u> PHONE: <u>575-263-0431</u> For State Use Only | | | | | |
| | | | | | |
| APPROVED BY: 1 aley Stown title Compliance Given Date 1/15/2014 | | | | | |
| Conditions of Approval (if any): | | | | | |
| V | | | | NAN 2 | £ 1 ZU14 ∪ |

HOBBS OCD

JAN 1 5 2014

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