

# RECEIVED

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

**HOBBS**

**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. 30-025-12343 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <del>Injection</del>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
2. Name of Operator Chevron USA, Inc.		6. State Oil & Gas Lease No. B-1732
3. Address of Operator #15 Smith Rd., Midland, Tx 79705		7. Lease Name or Unit Agreement Name West Dollarhide Drinkard Unit ✓
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>629</u> feet from the <u>East</u> line Section <u>33</u> Township <u>24-S</u> Range <u>38-E</u> NMPM Lea County ✓		8. Well Number 57 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323 ✓
10. Pool name or Wildcat Dollarhide Tubb Drinkard ✓		

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

Pit Location: UL F Sect 33 Twp 24S Rng 38E Pit type Steel Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_  
 Distance from nearest surface water \_\_\_\_\_ Below-grade Tank Location UL \_\_\_\_\_ Sect \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ ;  
1980 feet from the North line and 629 feet from the East line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
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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.

- Notified OCD 24 hrs prior to MIRU to P & A equipment. 4/23/10
- Squeeze 100sx Class C Cmt@6462'-6668' 4/27/10 Tag Toc 5588' 4/28/10
- Spot 40sx Class C Cmt@2681'-2481' 4/28/10
- Spot 50sx Class C Cmt@1360'-1100' 4/28/10
- Perf@375'. No Squeeze M&P 130sx Class C Cmt 425'-surf In 7"Csg Out@120' & up 7x10 3/4 ANN To Surf. 4/28/10 Tag Toc@Surface 4/29/10
- Install Dry Hole Marker. 4/29/10

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 Forms, [www.emnrd.state.nm.us/oed/](http://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 4-30-10  
 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 STAFF MGR DATE 5-3-10  
 Conditions of approval, if any: