

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.		3002532015	
5. Indicate Type of Lease		STATE <input checked="checked" type="checkbox"/>	FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.		B-9613	
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT			
8. Well No.		130	
9. Pool Name or Wildcat		DOLLARHIDE TUBB DRINKARD	
Feet From The <u>EAST</u> Line MPM <u>LEA</u> COUNTY , KB-3208'			

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:		PULL TBG & RETURN TO INJ	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

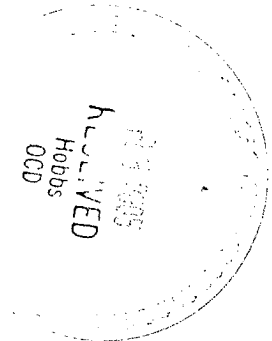
REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPERATION	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER:			<input type="checkbox"/>

12. 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.

CHEVRON U.S.A. INC. INTENDS TO WORK OVER THE SUBJECT WELL AS FOLLOW:

- 1) KILL WELL WITH MUD.
- 2) PULL & REPLACE INJECTION TUBING.
- 3) RETURN TO INJECTION.

THIS WORK SHOULD BRING THE WELL INTO COMPLIANCE WITH THE NMOCD.



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

SIGNATURE *James C. Minton* TITLE Regulatory Specialist

DATE 2/14/2005

TYPE OR PRINT NAME Denise Pinkerton

Telephone No. 432-687-7375

(This space for State Use)

APPROVED: Larry W. Wink TITLE: OC FIELD REPRESENTATIVE II/STAFF MANAGER
 CONDITIONS OF APPROVAL, IF ANY: _____ DATE: _____

DATE FEB 17 2005 Desai and Nichols 12-99 ver 1.0