

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C 103

District I - (575) 393-6161

HOBBS OCD

Energy, Minerals and Natural Resources

Revised August 1, 2011

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88201

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

87505

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-12382

5. Indicate Type of Lease:

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE TUBB IN CARD UNIT

8. Well Number 84

9. OGRID Number 4323

10. Pool name or Wildcat

DOLLARHIDE TUBB IN CARD

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 INJECTOR ☒2. Name of Operator
CHEVRON U.S.A. INC.3. Address of Operator
15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter H : 1656 feet from the NORTH line and 990 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PANE A ☐
CASING/CEMENT JOB ☐

OTHER: REACTIVATE INJECTOR

☒OTHER: ☐

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.

CHEVRON U.S.A. INC. INTENDS TO RETURN SUBJECT WELL TO ACTIVE INJECTOR.

PLEASE FIND ATTACHED, THE INTENDED PROCEDURE, WELL BORE DIAGRAM & C-144 INFORMATION.

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to 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:

TITLE PERMIT SPECIALIST

DATE 01/03/2013

Type or print name SCOTT HAYNES

E-mail address: TOXO@CHEVRON.COM

PHONE: 432-637-7198

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

JAN 08 2013

clm