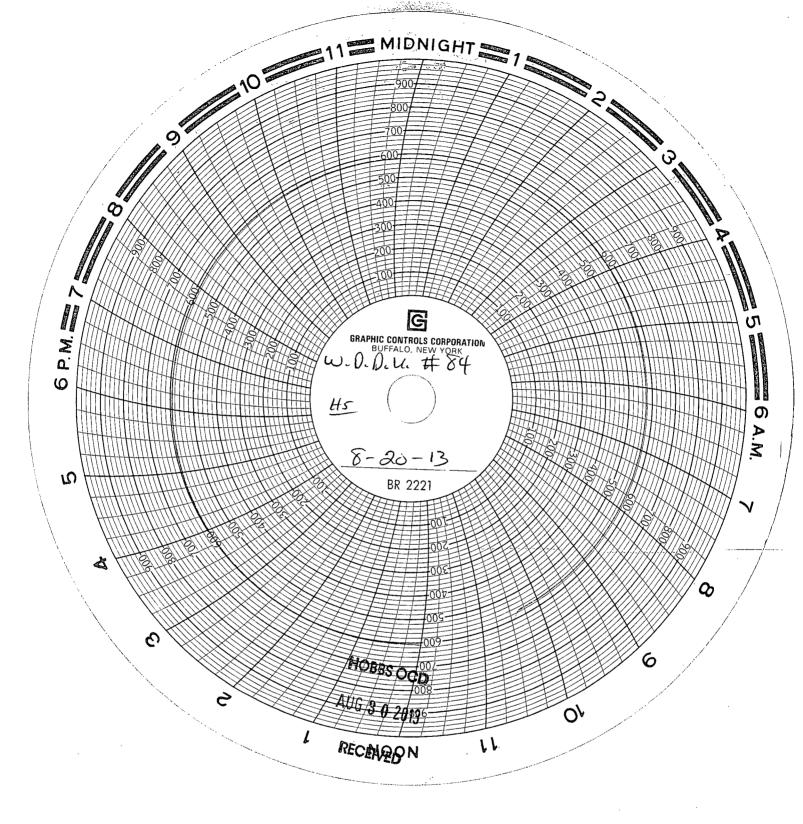
| Submit 1 Copy To Appropriate District Office   | State of New Me  | exico               | Form C-103                           |
|--|--|---------------------|--------------------------------------|
| District I – (575) 393-6161  | French Dr., Hobbs, NM 88240 <u>II</u> - (575) 748-1283  First St., Artesia, NM 88210 <u>III</u> - (505) 334-6178  III - (505) 334-6178  III - (505) Artes NM 87410  1220 South St. Francis Dr. |                     | Revised August 1, 2011               |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |  |                     | WELL API NO. 30-025-12382            |
| 811 S. First St., Artesia, NM 88210  |  |                     | 5. Indicate Type of Lease            |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   |  |                     | STATE STEE                           |
| District IV - (505) 476-3460   | Santa Fe, NM 87  | 7505                | 6. State Oil & Gas Lease No.         |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |                     |                                      |
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |                     | 7. Lease Name or Unit Agreement Name |
| (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 |  |                     | WEST DOLLARHIDE DRINKARD             |
| PROPOSALS.)  |  |                     | UNIT  8. Well Number 84              |
| 1. Type of Well: Oil Well  | Gas Well Other INJECTION   | HOSSS OCD           | e*                                   |
| 2. Name of Operator CHEVRON U.S.A. INC   |  |                     | 9. OGRID Number 4323                 |
| 3. Address of Operator   |  | VUG 3 0 2013        | 10. Pool name or Wildcat             |
| 15 SMITH ROAD, MIDLAND, T  | EXAS 79705   | .0 0 0 2013         | DOLLARHIDE TUBB DRINKARD             |
| 4. Well Location 1656 QUECTURE E   |  |                     |                                      |
| Unit Letter: H 1210 feet from the NORTH line and 2630 feet from the WEST line  |  |                     |                                      |
| Section 5 Township 25S Range 38E 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 ☐ PLUG AND ABANDON ☐ REMEDIAL WORK   |  |                     |                                      |
| TEMPORARILY ABANDON  |  |                     |                                      |
| PULL OR ALTER CASING   DOWN HOLE CONTAINED   | MULTIPLE COMPL   | CASING/CEMEN        | T JOB 📙                              |
| DOWNHOLE COMMINGLE   |  |                     |                                      |
| OTHER:   |  |                     | W/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.   |  |                     |                                      |
| 08-20-2013: NOTIFIED NMOCD. (DID NOT WITNESS) RAN CHART. PRESS TO 580 PSI FOR 30 MINUTES.  |  |                     |                                      |
| RBP SET @ 5915'. (ORIGINAL & COPY OF CHART ATTACHED).  |  |                     |                                      |
| This Approval of Temporary 20 - 2015   |  |                     |                                      |
| TA STATUS IS EXTENDED.  This Approval of Temporary 20 - 2015  Abandonment Expires  |  |                     |                                      |
|  | ,,,,,,   |                     |                                      |
|  |  |                     |                                      |
| Spud Date:   | Rig Release Da   | ite:                |                                      |
| <u> </u>   |  | <u> </u>            |                                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                     |                                      |
| Thereby certify that the information above is true and complete to the best of my knowledge and benefit.   |  |                     |                                      |
| $\lambda$ $\lambda$  |  |                     |                                      |
| SIGNATURE AUSOFUC  | TITLE  | : REGULATORY        | SPECIALIST DATE: 08/28/2013          |
| Type or print name: DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375  |  |                     |                                      |
| For State Use Only   |  |                     |                                      |
|  |  |                     |                                      |
| APPROVED BY DATE 1-4-6013  |  |                     |                                      |
| Conditions of Approval (if any):   |  |                     |                                      |
|  |  |                     |                                      |



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