

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
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

State of New Mexico
Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

RECEIVED		WELL API NO. 30-025-31499 ✓
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-10A) FOR SUCH PROPOSALS.)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTOR</u>		6. State Oil & Gas Lease No.
2. Name of Operator CHEVRON USA INC.		7. Lease Name or Unit Agreement Name W DOLLARHIDE DRINKARD UNIT ✓
3. Address of Operator 15 SMITH RD MIDLAND, TX 79705		8. Well Number #114 ✓
4. Well Location Unit Letter <u>C</u> : <u>108</u> feet from the <u>NORTH</u> line and <u>2325</u> feet from the <u>WEST</u> line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>LEA</u>		9. OGRID Number 4323 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3145'		10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: ANNUAL MIT TEST <input checked="" type="checkbox"/>	

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 USA INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.

CHART ATTACHED

****PLEASE NOTE THIS TEST FOR UIC ANNUAL TESTING****

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 Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 09/18/2013

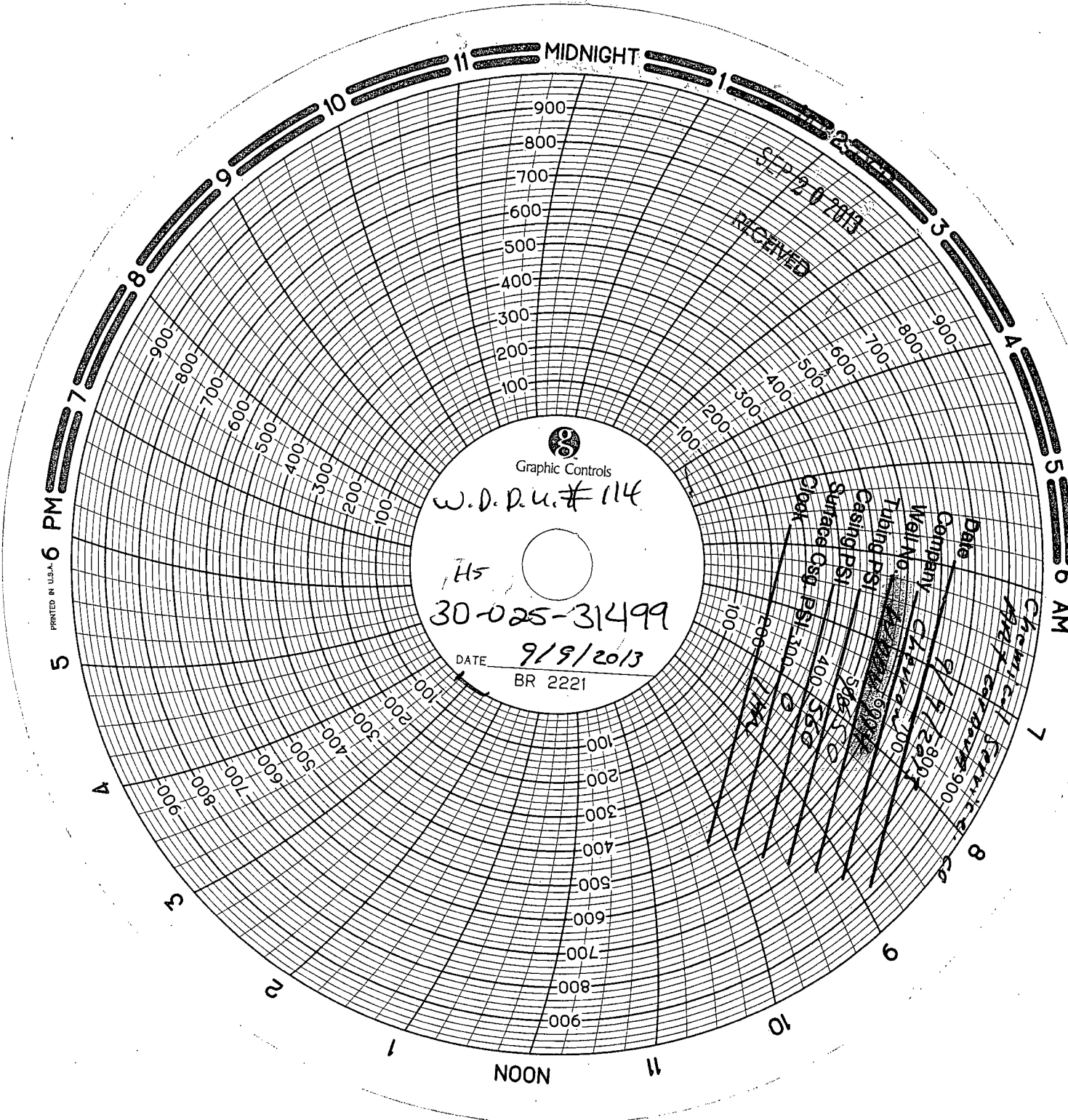
Type or print name CINDY HERRERA-MURILLO E-mail address: CHERRERAMURILLO@CHEVRON.COM
PHONE: 575-263-0431

For State Use Only

APPROVED BY: [Signature] TITLE DR. MGR DATE 9-23-2013

Conditions of Approval (if any):

SEP 23 2013



Graphic Controls

W.D.P.U. # 114

H5

30-025-31499

DATE 9/9/2013

BR 2221

RECEIVED
SEP 9 2013

Chemical Services
Well No. 30-025-31499
Company CHEMICAL SERVICES CO
Date 9/11/2013
Tubing PSI 900
Casing PSI 500
Surfaces Csg. PSI 400
Clock 1:00

PRINTED IN U.S.A.