

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OCD  
JUN 15 2017  
RECEIVED

WELL API NO. <b>3002532771</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>WEST DOLLARHIDE DRINKARD UNIT</b>
8. Well Number <b>152</b>
9. OGRID Number
10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A.</b>
3. Address of Operator <b>6301 DEAUVILLE BLVD MIDLAND, TX 79706</b>
4. Well Location Unit Letter <b>M</b> , <b>660</b> feet from the <b>S</b> line and <b>760</b> feet from the <b>W</b> line Section <b>29</b> - Township <b>24-S</b> Range <b>38-E</b> NMPM County <b>LEA</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3173' GR 3187' KB</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: <b>ANNUAL MIT TEST</b>

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 HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.  
CHART ATTACHED.

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

Test Failed  
well gained pressure

Spud Date:

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

SIGNATURE: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: June 14, 2017

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: X X TITLE: For Record only DATE: 6-21-17

Conditions of Approval (if any):



PRINTED IN U.S.A.

6 PM

7

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11

MIDNIGHT

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2

3

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6 AM

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11

NOON

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400  
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Graphic Controls

DATE 5/19/77  
BR 2221



Chemical Services  
with  
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Pressure  
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WTC  
Chellon  
WDM #152  
30-08532771

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stained Pressure  
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