

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

HOBBS OGD
AUG 28 2018
RECEIVED

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

WELL API NO. 30-025-31499
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 WEST DOLLARHIDE DRINKARD UNIT
8. Well Number #114
9. OGRID Number 4323
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 ☐ Gas Well ☐ Other INJECTOR

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706

4. Well Location

Unit Letter C : 108 feet from the NORTH line and 2325 feet from the WEST line
Section 05 Township 25S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3145' KB

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

THE SUBJECT WELL FAILED A MIT TEST. PLAN TO PERFORM WORKOVER TO RESTORE MECHANICAL INTEGRITY AND RETURN TO INJECTION.

1. MIRU, NDWH, NU BOPE
2. POOH WITH ALL INJECTION EQUIPMENT
3. TEST CASING, REPAIR IF LEAK
4. RE-RUN INJECTION EQUIPMENT
5. NOTIFY NMOC to WITNESS PRESSURE TEST OF CASING AND CHART
6. FILE SUBSEQUENT REPORT WITH MIT CHART TO NMOC

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of 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 Cindy Herrera-Murillo TITLE Permitting Specialist DATE 08/24/2018

Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Malay Brown TITLE AO/I DATE 8/29/2018
Conditions of Approval (if any):