

Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-12314
5. Indicate Type of Lease STATE [checked] FEE []
6. State Oil / Gas Lease No. 172010
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
8. Well No. 69
9. Pool Name or Wildcat DOLLARHIDE-TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.
1. Type of Well: OIL WELL [] GAS WELL [] OTHER WATER INJECTION WELL
2. Name of Operator CHEVRON USA INC
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705
4. Well Location Unit Letter N : 660 Feet From The SOUTH Line and 1830 Feet From The WEST Line
Section 32 Township 24S Range 38E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.)

11. 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 []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [checked] ALTERING CASING []
COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: [checked]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

THE SUBJECT WELL HAS BEEN RETURNED TO ACTIVE INJECTION STATUS AFTER COMPLETION OF REPLACING A DEFECTIVE INJECTION LINE.

(PLEASE SEE ATTACHED CORRESPONDENCE BETWEEN TEJAY SIMPSON AND SYLVIA DICKEY, NMOCD FIELD INSPECTOR.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 5/12/2006
TYPE OR PRINT NAME Denise Pinkerton Telephone No. 432-687-7375

(This space for State Use)
APPROVED Mary W. Wink TITLE DATE
CONDITIONS OF APPROVAL IF ANY: NMOCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 17 2006

Pinkerton, J. Denise (leakejd)

From: Simpson, Tejay
Sent: Thursday, May 11, 2006 11:10 AM
To: Bohling, Alan [contractor]; Pinkerton, J. Denise (leakejd)
Subject: WDDU No. 69

I discussed the WDDU No. 69 situation and NOV with Sylvia Dickey - NMOCD Field Inspector. She asked me to fax a copy of the NOV to her. She then reviewed the letter and the well history with Gary Wink yesterday. They advise that no MIT is required. A valid test is on file from 2002 and will not expire until 2007. They show active injection and do not see this as an issue. They advised to simply resubmit a C-103 stating the well has been returned to active injection status after completion of replacing a defective injection line.

Any concerns?

ONWARD and UPWARD!

Tejay Simpson
Dollarhide Area OS
432-523-3655 ext. 7613
432-967-3430