

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.	30-025-12352
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name West Dollarhide Devonian Unit
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 115
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Dollarhide Devonian
4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>25S</u> Range <u>38E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3147' GL</u>	

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Cleanout & acidz <input checked="" type="checkbox"/>	

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.

MIRU PU TOH W/2 3/8" PROD TBG
 TIH W/4 1/8" BIT & BD BAILER CO SCALE 7871 TO 7886
 ACDZ DEVONIAN PERFS 7639-7890 W/4000 GALS 15% NEFE HCL & 900# 50/50 GRS/BAF IN 3
 EQUAL STAGES @ 5 BPM PMAx-3800
 8 1/2 HR FLWG & SWAB TST RECD 105 BW & 3 BO SFL-FLWG EFL-5500 BLWTBR-130
 TIH W/2 3/8" PROD TBG EOT @ 7797 TAC @ 5748 SN @ 7761
 TIH W/ PUMP & RODS CHECK PUMP ACTION TO 500 PSI OK
 TURN OVER TO PRODUCTION

WORK STARTED 7-10-90 WORK ENDED 7-12-90

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

SIGNATURE M. E. Akins 7/13/90 TITLE Staff Drlg. Engr. DATE 7-13-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ORIGINAL FILED BY _____ DISTRICT SUPERVISOR

JUL 23 1990