

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

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

WELL API NO. 30-025-28401
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	7. Lease Name or Unit Agreement Name W. Dollarhide Devonian
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 120
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>1368</u> Feet From The <u>North</u> Line and <u>1228</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>25S</u> Range <u>38E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3150'</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: <u>C/O ACD'Z</u> <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.

9/27/89 ACD'Z DEVONIAN (7684'-7884') W/4000g 15% NEFE HCL + 5% MAS
9/28/89 SWAB RAN ROOS + pump
Return to production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE F.H. Smith TITLE Dir. Engr. DATE 9/29/89
TYPE OR PRINT NAME F.H. Smith TELEPHONE NO. 393-4121

APPROVED BY _____ TITLE _____ DATE OCT 3 1989
CONDITIONS OF APPROVAL, IF ANY: _____