

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 30827
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	105
9. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (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	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>K</u> : <u>1347</u> Feet From The <u>SOUTH</u> Line and <u>1373</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3177'

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 ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ CONVERT TO INJECTION

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.

10-11-04: MIRU KEY #462.

10-12-04: REL TAC. MOVE OUT 2 7/8" PROD TBG. TIH & TAG CIBP @ 6670. PULL BIT ABOVE PERFS.

10-13-04: TIH W/RBP & PKR & SET RBP @ 6146. REL RBP. TIH W/CIBP & SET @ 6340. PULL ABOVE PERFS.

10-14-04: TIH W/PKR & SET @ 6330. REL PKR. CHANGE OVER TO 2 3/8" MOVE OUT 2 7/8" WS.

10-15-04: RUN CHART -TEST TO 580 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED)

FINAL REPORT

WFX- 804

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

SIGNATURE Denise Leake TITLE Regulatory Specialist

TYPE OR PRINT NAME Denise Leake

DATE 10/27/2004

Telephone No. 815-687-7375

(This space for State Use)

APPROVED Gary Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL, IF ANY: DATE

OCT 29 2004

