

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.	30-025-33413
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 No.	156
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3164'

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 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"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>I</u> : <u>2000</u> Feet From The <u>SOUTH</u> Line and <u>1200</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3164'

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.

10-15-04: MIRU KEY #331. REL TAC.

10-18-04: TIH TO 6723.

10-19-04: TIH & SET CIBP @ 6633. TIH W/PKR & SET @ 6601. REL PKR @ 6601. PUH & RESET PKR ABOVE DRINKARD PERFS @ 6388. REL PKR @ 6388. TIH W/SONIC HAMMER TOOL ON 2 7/8" WS TO 6379.

10-20-04: ACID WASH PERFS 6452-6554 W/SONIC HAMMER TOOL W/4000 GALS 15% ANTI-SLUDGE HCL. FLOW & SWAB TEST FOR 2 HRS.

10-21-04: TIH W/PKR & SET @ 6384', AND 206 JTS 2 3/4" TBG. PERFORM MIT TEST ON CSG. FAILED FIRST TIME. FLUSH ON/OFF TOOL.

TEST AGAIN TO 560 PSI. LOST 38 PSI IN 32 MIN. OK. (ORIGINAL CHART & COPY OF CHART ATTACHED).

RIG DOWN. TURN WELL OVER TO PRODUCTION.

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

DATE 10/25/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Hay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

DATE

NOV 29 2004
DeSoto/Nichols 12-93 ver 1.0



