

HOBBS OCD

OIL CONSERVATION DIVISION

JAN 27 2012 1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.
30-025-31488

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD
UNIT

8. Well Number 121

9. OGRID Number 4323

10. 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 A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter E: 2176 feet from the NORTH line and 656 feet from the WEST line

Section 32 Township 24S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

OTHER: RE-TEST FOR MIT W/CHART

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

***This report was sent in only for a re-test for MIT. It is not for TA status. Please remove TA status shown on attached approval.

07-26-11: NOTIFIED NMOCD. TEST CSG TO 580 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED). WITNESSED BY MARK WHITAKER, NMOCD.

PKR SET @ 6385'.

TOP PERF @ 6465'

ASKING FOR REMOVAL OF TA STATUS.

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE

REGULATORY SPECIALIST

DATE 01-26-2012

Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

For State Use Only

APPROVED BY

TITLE

DATE

Conditions of Approval (if any):

FEB 02 2012