

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

HOBBS OCD

MAY 10 2012

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-12293

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 66

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 ☐

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter K: 2312 feet from the SOUTH line and 2309 feet from the WEST line

Section 31 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: EXTEND TA STATUS

OTHER:

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.

CHEVRON U.S.A. INC. REQUESTS A 1 YR TA EXTENSION FOR THE SUBJECT WELL.

THE CURRENT TA STATUS EXPIRES ON 6-29-2012. DUE TO BACKLOG OF PRESSURE TESTING, WE ARE NOT ABLE TO GET TO THIS WELL BEFORE THE EXPIRATION DATE.

AFTER APPROVAL, A MIT WILL BE SCHEDULED WITH THE NMOCD.

Spud Date:

Rig Release

Condition of Approval : Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

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

SIGNATURE Denise Pinkerton TITLE REGULATORY SPECIALIST

DATE 05-09-2012

Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGRDATE 5-10-2012

Conditions of Approval (If any):