Submit 3 copies to Appropriate District Office	State of Energy, Minerals and Na	of New I atural R				m C-103 ised 1-1-8	
<u>DISTRICT I</u>	OIL CONSERV	ATI	ON DIVISION	WELL API NO			
P.O. Box 1980, Hobbs, NM 88240	P.O. B			, The state of the	3002531972		
DISTRICT II	Santa Fe, New		=	5. Indicate Ty			
P.O. Box Drawer DD, Artesia, NM 88210				'	STATE 🗸	FEE	
DISTRICT III				6. State Oil / 0		-	
1000 Rio Brazos Rd., Aztec, NM 87410	CEC AND DEDODES O	N 1 1 A # T 1	1.0		B-9613		
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.					7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT		
1. Type of Well: OIL GAS WELL WELL	OTHER		3				
Name of Operator CHEVRON US	A INC			8. Well No.	125		
3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705				9. Pool Name or Wildcat			
4. Well Location	<u> </u>			D	OLLARHIDE TUBB DRINKAR	D	
Unit LetterN:	1150 Feet From The	SOU	TH Line and 1400	Feet From	The WEST Line		
Section 33	Township 24-SO	F	Range <u>38-EA</u> N	/IРМ	LEA COUNT	Υ	
	10. Elevation (Show whether I	DF, RKB	, RT,GR, etc.) GR-3169'	KB-3182'	· 推查置"""直		
11. Check App	ropriate Box to Indica	ite Nat	ture of Notice, Report	, or Other D	ata		
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	LUG AND ABANDON		REMEDIAL WORK	V	ALTERING CASING		
TEMPORARILY ABANDON	HANGE PLANS		COMMENCE DRILLING OP	ERATION	PLUG AND ABANDONME	νт	
PULL OR ALTER CASING			CASING TEST AND CEMEI				
OTHER:			OTHER:		N/SALT BLOCK	✓	
 12. Describe Proposed or Completed Open proposed work) SEE RULE 1103. 4-15-03: MIRU. TOH W/PMP & RDS. 4-16-03: LOWER TBG & TAG FILL @ 694 4-17-03: ACIDIZED W/4000 GALS ACID IPULL UP ONE JOINT. SET TAC. 4-21-03: TIH W/PMP & RDS. HANG WEL 	63'. TIH W/CSG SCRAPE N 2 STAGES. WELL WEN	R TO 67 IT ON V	740'. TIH W/PKR & SET @ 'AC AFTER ACID. REL PI	6244'			

					0000	
I hereby certify that the information above is true	and complete to the best of my knowledge	e and belief.				
SIGNATURE XXIII	Leake	TITLE_	Regulatory Specialist		DATE 5	6/2/2003
TYPE OR PRINT-NAME	Denise Leake			ANAGER	Telephone No.	915-687-7375
(This space for State Use)			PRESENTATIVE II/STAFF A	, ,		
APPROVED LOUIS OF APPROVAL IF	U. Went TITLE	FIELD RE	PRESENTATIVE II/STAFF A	DATE	MAY 15	2003
				<i>בו</i> יינם		