

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C 103

District I - (575) 393-6161

HOBBS **OCD**

Energy, Minerals and Natural Resources

Revised August 1 2011

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88201

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

JAN 03 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-12382	<input checked="" type="checkbox"/>
5. Indicate Type of Lease: STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE LORIN KARD UNIT	<input checked="" type="checkbox"/>
8. Well Number 84	<input checked="" type="checkbox"/>
9. OGRID Number 4323	<input checked="" type="checkbox"/>
10. Pool name or Wildcat DOLLARHIDE TUBB LORIN KARD	<input checked="" type="checkbox"/>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 H : 1656 feet from the NORTH line and 990 feet from the EAST line
Section 5 Township 25-S Range 38-E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PANEA <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: REACTIVATE INJECTOR <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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. INTENDS TO RETURN SUBJECT WELL TO ACTIVE INJECTOR.

PLEASE FIND ATTACHED, THE INTENDED PROCEDURE, WELL BORE DIAGRAM & C-144 INFORMATION.

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

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: *Scott Haynes*

TITLE PERMIT SPECIALIST

DATE 01/03/2013

Type or print name SCOTT HAYNES

E-mail address: TOXO@CHEVRON.COM

PHONE: 432-637-7198

For State Use Only

APPROVED BY: *Maal Whittem*

TITLE Compliance Officer

DATE 1-3-13

Conditions of Approval (if any):

clm