

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

SEP 20 2013 20 South St. Francis Dr.  
 Santa Fe, NM 87505

RECEIVED

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-104) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name W DOLLARHIDE DRINKARD UNIT
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTOR</u>	8. Well Number #122	
2. Name of Operator CHEVRON USA INC.	9. OGRID Number 4323	
3. Address of Operator 15 SMITH RD MIDLAND, TX 79705	10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD	
4. Well Location Unit Letter <u>K</u> : <u>2055</u> feet from the <u>SOUTH</u> line and <u>1981</u> feet from the <u>WEST</u> line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM County <u>LEA</u>		
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:		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"/>	P AND A <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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: ANNUAL MIT TEST <input checked="" 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 USA INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.

CHART ATTACHED

\*\*PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING\*\*

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 Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 09/18/2013

Type or print name CINDY HERRERA-MURILLO E-mail address: CHERRERAMURILLO@CHEVRON.COM  
 PHONE: 575-263-0431

For State Use Only

APPROVED BY: [Signature] TITLE DIST. MGR DATE 9-23-2013  
 Conditions of Approval (if any):

SEP 23 2013

PRINTED IN U.S.A. 6 PM

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