Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-32015 ~	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE  FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	,	o. State Off & Gas	Lease 140.	
87505				
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			7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT	
PROPOSALS.)	Gas Well Other Injector HOBBS OCD		8. Well Number 130	
1. Type of Well: Oil Well	Gas Well Other Injector HOB			
<ol><li>Name of Operator CHEVRON U.S.A. INC.</li></ol>	050	9. OGRID Number 4323		
3. Address of Operator	SEP 1 0 2014		10. Pool name or Wildcat	
15 SMITH ROAD, MIDLAND T	EXAS 79705		Dollarhide Tubb Drinkard	
4. Well Location RECEIVED				
Unit Letter G: 2000 feet from the North line and 1900 feet from the East line				
Section 32 Township 24S Range 38E / NMPM County LEA /				
	11. Elevation (Snow whether DK,	KKB, KI, GK, etc.)		
	<u>                                      </u>			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				
OTUED:		OTUED, alasmand	:_:_ 0 1 :	-:
OTHER: OTHER: cleanout, acidize & return to injection  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.				
proposed completion of the ompletion.				
Please see attached reports for work done on 8/4/14-8/21/14				
A NOTE:				
An MIT test was performed on 8/21/14. The well was tested at 300 PSI for 30 minutes.  Please find attached the original and a copy of the chart.				
Test date- 9/3/14, BWPD 180, Inj Pressure 1443				
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				<u></u>
G ID	D: D 1 D			
Spud Date:	Rig Release Dat	e:		
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<u> </u>			11.11.6	
I hereby certify that the information	a above is true and complete to the be	st of my knowledge	and belief.	
2	$\bigcap$			
SIGNATUREKUKTUM	A OTTO TITLE PERI	MIT SPECIALIST	DA	ΓΕ 09/09/2014
	0		211	
Type or print name Britany Cort	E-mail address:	Bcortez@chevron.c	om PHONE: 43	2-687-7415
For State Use Only	7			
APPROVED BY: Bell Somewhate TITLE Staff Manager DATE 9/11/2014  Conditions of Approval (if any): FOR RECORD ONLY  SEP 1 9 2014				
APPROVED BY: / Conditions of Approval (if any):	PEPPE	ONLY	per DA'I	E 1/11/ 2014
Conditions of Approval (if any).	FOK KECOR		SEP	1 9 2014 /

