

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

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 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 PROPOSALS.)		WELL API NO. 3002512384
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A.		6. State Oil & Gas Lease No. B 9312-5
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 79705		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
4. Well Location Unit Letter, F, 1662 feet from the N line and 2130 feet from the W line Section 5 Township 25S Range 38E NMPM County LEA		8. Well Number 82
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3143 GL		9. OGRID Number 4323
		10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD

HOBBS OCD

AUG 13 2015

RECEIVED

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	

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 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.

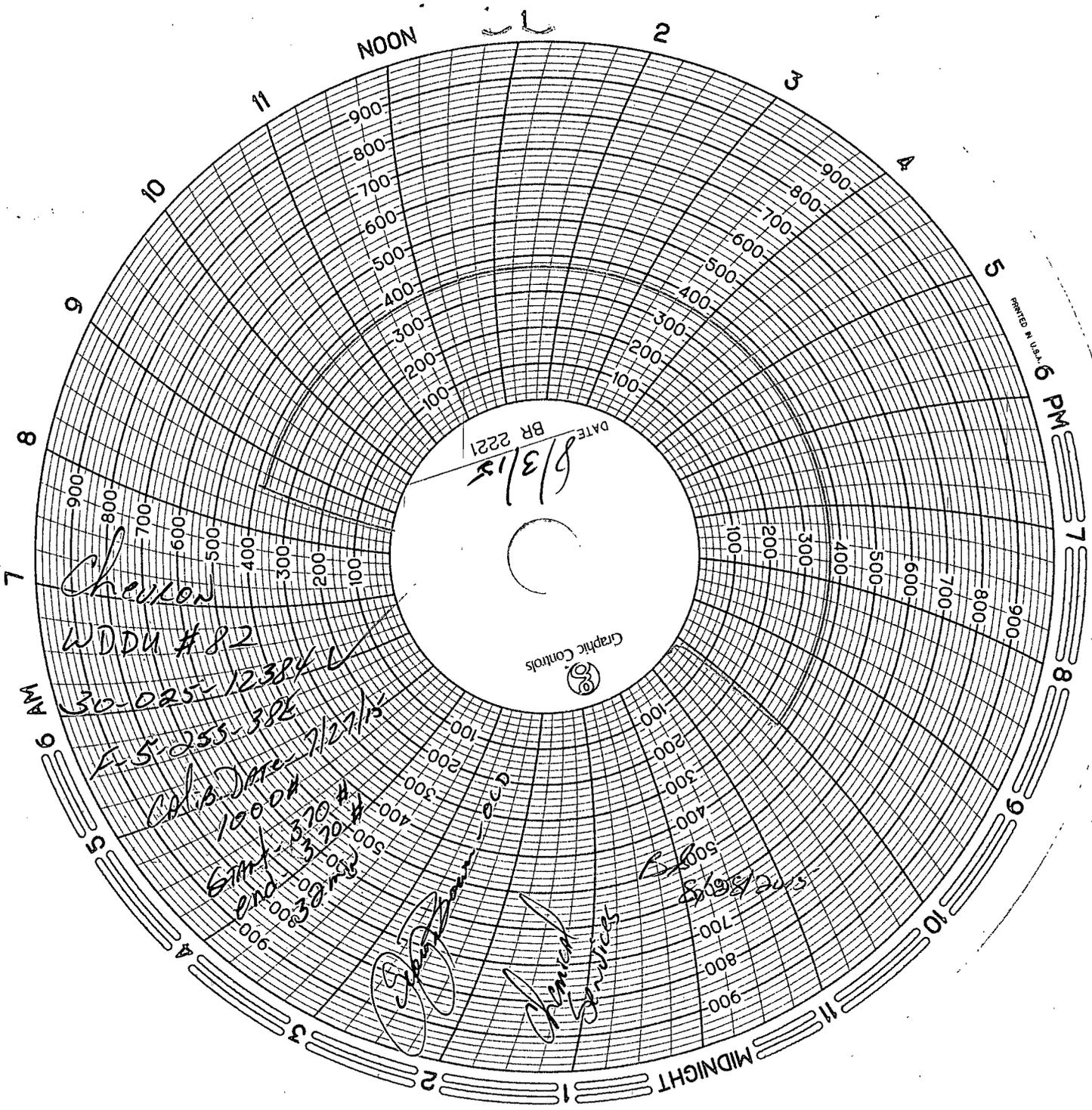
SIGNATURE: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: 11 Aug 2015

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: Bieberman TITLE: Staff Manager DATE: 8/28/2015
 Conditions of Approval (if any):

AUG 31 2015



DATE
BR 2221
8/3/15



Chevron

WDDU #82

30-025-12384 ✓

A.S. 255-382

Cal B Date 7/27/15
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6th 370 #

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