

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

WELL API NO. 30-025-12279
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
8. Well Number 51
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD

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 INJECTION ☐

HOBBS OCD

AUG 31 2015

RECEIVED

CHEVRON U.S.A. INC.

3. Address of Operator  
15 SMITH RD MIDLAND TX 79705

4. Well Location

Unit Letter: H 2310 feet from the NORH line and 330 feet from the EAST line  
Section 31 Township 24S Range 38E NMPM County LEA

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐

OTHER: REPAIR AND OBTAIN PASSING CHART

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

☐

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 REPAIR THE WELL & RETURN TO INJECTION:  
PROPOSED PLAN IS TO TEST CASING FOR LEAKS,  
CEMENT SQUEEZE LEAKS IF NEEDED,  
REPLACE INJECTION PACKER,  
REPLACE TUBING AS NEEDED,  
OBTAIN A PASSING CHART,  
AND RETURN WELL TO INJECTION.

The Oil Conservation Division  
**MUST BE NOTIFIED 24 Hours**  
Prior to the beginning of operations

Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of 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

*Dorian K. Fuentes*

TITLE: REGULATORY SPECIALIST

DATE: 08/19/2015

Type or print name DORIAN K. FUENTES

E-mail address: DIVO@CHEVRON.COM

PHONE: 432-687-7631

For State Use Only

APPROVED BY:

*Mary Brown*

TITLE

*Dist. Supervisor*

DATE

*9/1/2015*

Conditions of Approval (if any):

SEP 02 2015

*M*