

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. 30-025-30053
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
8. Well Number 95
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,203' RKB

**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

2. Name of Operator  
CHEVRON MIDCONTINENT, L.P.

3. Address of Operator  
1500 SMITH RD. MIDLAND, TX. 79705

4. Well Location **DATUM Y-LAT X-LONG**  
 Unit Letter C: 75 feet from the NORTH line and 410 feet from the WEST line  
 Section 32 Township 24-S Range 38-E NMPM County LEA

HOBBS OCT  
 NOV 19 2015  
 RECEIVER

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

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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. **13 3/8" 54.5# @ 1,210' TOC SURF, 8 5/8" 32# @ 3,050' TOC SURFACE, 5 1/2" 15.5 & 17# @ 6,950' TOC SURFACE, PERFS 6,400' -6,900', CIBP @ 6,425' W/ 35' CEMENT.**

11/02/15 MIX & SPOT 55 SX CL "C" CEMENT FROM 6,407' -5,950'. MIX & SPOT 35 SX CL "C" CEMENT FROM 5,256'-4,910'. MIX & SPOT 95 SX CL "C" CEMENT FROM 4,130'- 3,168', WOC & TAG @ 3,171'. MIX & SPOT 40 SX CL "C" CEMENT FROM 3,161'-2,756', TAG @ 2,754'.

11/03/15 MIX & SPOT 55 SX CL "C" CEMENT FROM 1,408'-1,000', WOC & TAG @ 845', MIX & SPOT 63 SX CL "C" CEMENT FROM 375' TO SURFACE, CUT ALL CASING & ANCHORS & REMOVED 3' BELOW GRADE. WELD ON DRY HOLE MARKER, TO MEET WITH RULE 19.15.7.14 NMAC REQUIREMENTS. HAUL ALL FLUIDS TO A REQUIRED DISPOSAL, CLEAN LOCATION.

**ALL CEMENT PLUGS CLASS "C", W/ CLOSED LOOP SYSTEM USED.**

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 M. Lee Roark TITLE PROJECT MANAGER DATE 11/17/15  
 Type or print name M. LEE ROARK PHONE: (432)687-7279

**For State Use Only**  
 APPROVED BY: Marky Brawn TITLE Dist Supervisor DATE 11/24/2015  
 Conditions of Approval (if any):

DEC 02 2015

*[Handwritten mark]*