

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. 30-025-32769
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 112
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,942' GR

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 INJECTOR **HOBBS OCD**

2. Name of Operator
CHEVRON MIDCONTINENT, L.P. **NOV 19 2015**

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

4. Well Location **DATUM Y-LAT X-LONG**
 Unit Letter L : 1475 feet from the SOUTH line and 790 feet from the EAST line
 Section 32 Township 24-S Range 38-E NMPM County LEA

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

E-PERMITTING <SWD INJECTION> 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"/>	SUBSEQUENT REPORT OF: 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. **8 5/8" 24# @ 3,149' TOC SURFACE, 5 1/2" 15.5 & 17# @ 6,840' TOC SURFACE, PERFS 6,868' -7,324', 6,024' -6,709', CIBP'S @ 6,840' & 5,950'.**

10/30/15 CALLED MARK WHITAKER W/ NMOCD OK TO COMBINE BOTTOM TWO PLUGS, MIX & SPOT 120 SX CL "C" CEMENT FROM 5,935' -4,720'. WOC & TAG @ 4,694', MIX & SPOT 75 SX CL "C" CEMENT FROM 4,020' -3,361'. WOC & TAG @ 3,321'.

10/31/15 MIX & SPOT 75 SX CL "C" CEMENT FROM 2,701' -1,933', WOC & TAG 1,930', MIX & SPOT 75 SX CL "C" CEMENT FROM 1,404' -644', WOC & TAG @ 674', MIX & SPOT 40 SX CL "C" CEMENT FROM 376' TO SURFACE CUT ALL CASING & ANCHORS & REMOVED 3' BELOW GRADE. WELD ON DRY HOLE MARKER, TO MEET WITH RULE 19.15.7.14 NMAC REQUIRMENTS. 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: Mary Brown TITLE Dist. Supervisor DATE 11/24/2015

Conditions of Approval (if any):

DEC 02 2015

Handwritten initials