

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

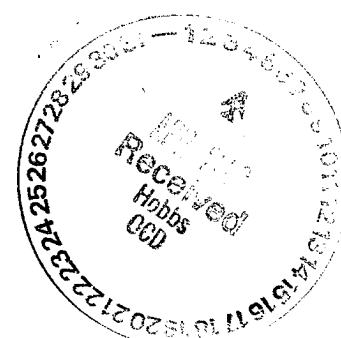
WELL API NO.	30-025-30229
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	93
9. Pool Name or Wildcat	DOLLARHIDE DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR 3185 KB 3200

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS FOR SUCH PROPOSALS." (FORM C-101) FOR SUCH PROPOSALS.	
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>G</u> : <u>1535</u> Feet From The <u>NORTH</u> Line and <u>2575</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR 3185 KB 3200

11. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>		ROD PART <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-30-06: MIRU. BLEED TBG DOWN. TOH W/RODS TO PARTED. PUMP 130 BCB DN ANNULUS. TIH & TAG FILL @ 6365.
3-31-06: INSPECT 2 7/8" TBG. SWAB FLUID DN. TIH W/BHA.
4-01-06: TIH W/BHA TO 6334. SET TAC W/18000# TENSION. PU PUMP & NEW K-BARS. TIH W/RODS. SPACE OUT & HANG ON. LOAD & TEST. FINALR EPORT



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 4/3/2006
TYPE OR PRINT NAME Denise Pinkerton Telephone No. 432-687-7375

(This space for State Use)

APPROVED Harry W. Wink DATE APR 05 2006
CONDITIONS OF APPROVAL, IF ANY: OC FIELD REPRESENTATIVE II/STAFF MANAGER