

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. <b>3002512347</b>
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 <b>WEST DOLLARHIDE DRINKARD UNIT</b>
8. Well Number <b>73</b>
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A.</b>
3. Address of Operator <b>6301 DEAUVILLE BLVD MIDLAND, TX 79706</b>
4. Well Location Unit Letter <u>N</u> : <u>560</u> feet from the <u>S</u> line and <u>780</u> feet from the <u>E</u> line Section <u>33</u> - Township <u>24-S-27-S</u> Range <u>38-E</u> NMPM County <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>101</u> <b>3162' GR</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>ANNUAL MIT TEST</b>

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:

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: June 14, 2017

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

For State Use Only

APPROVED BY: Kenny Forther TITLE: Compliance Officer DATE: 6-21-17  
Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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WAC  
Chevron

WDDU# 75

30-025-12347

N-33-245-385

Calib. Date: 3/31/17

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Dev # - 1501

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Chemical Services  
WAC

DATE 5/16/17  
BR 2221

Graphic Controls

