Submit 3 copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resou	rces Department	Revised 1-1-89
DISTRICT I	OIL CONSERVATION	DIVISION WELL API	NO
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	WELE AT	30-025-31500
DISTRICT II	Santa Fe, New Mexico 87	504-2088 5. Indicate	Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III			STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oi	I / Gas Lease No.
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROF DIFFERENT RESER	ICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OF EVOIR. USE "APPLICATION FOR PERI -101) FOR SUCH PROPOSALS.	R PLUG BACK TO 7. Lease N	lame or Unit Agreement Name OLLARHIDE DRINKARD UNIT
1. Type of Well: OIL GAS WELL WELL	OTHER		
2. Name of Operator CHEVRON US	SA INC	8. Well No	118
Address of Operator	, MIDLAND, TX 79705	9. Pool Na	me or Wildcat DOLLARHIDE TUBB DRINKARD
4. Well Location			
Unit Letter C: 1119 Feet From The NORTH Line and 2322 Feet From The WEST Line			
Section 5	Township 25S Range	e 38E NMPM	LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3137', KB-3155'			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTIO	N TO:	SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REI	MEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	MMENCE DRILLING OPERATION [PLUG AND ABANDONMENT
PULL OR ALTER CASING	CA	SING TEST AND CEMENT JOB	
OTHER:	ОТ	HER:	ROD PART
 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. 4-08-06: MIRÜ. TOH W/RODS. TIH W/OS. LATCH ONTO FISH. UNABLE TO UNSEAT PUMP. LD RODS. 4-10-06: PUMP 100 BCB DN ANN. UNEAT PUMP. LD ALL RODS. CIRC W/150 BBW. TIH W/TBG. TAG BTM @ 6742. INSPECT 2 7/8" TBG. 4-11-06: TIH W/BHA TO 6696'. SET TAC W/21000# TENSION. PU PUMP & K BARS. 4-12-06: TIH W/PUMP & RODS. SPACE & HANG ON. LOAD & TEST. RIG DOWN. FINAL REPORT 			
Thereby certify that the information above is thus and complete to	of the best of prey knowledge, and belief.	ory Specialist	DATE 4/13/2006
SIGNATURE ////////////////////////////////////	TITLE Regulate	ory opecialist	DATE 4/13/2006
	. 4		Telephone No. 432-687-7375

TYPE OR PRINT NAME

Denise Pinkerton

OC FIELD REPRESENTATIVE HYSTAFF MANAGER