Submit 3 copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department	Revised 1-1-89
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-025-31975
DISTRICT II	Santa Ea Now Maying 97504 2009	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	Carta 1 e, 14ew Mexico 07504-2000	STATE FEE
DISTRICT III		6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESE	TICES AND REPORTS ON WELLS PPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO RVOIR. USE "APPLICATION FOR PERMI C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
1. Type of Well: OIL WELL GAS WELL		
2. Name of Operator CHEVRON L	JSA INC	8. Well No. 128
3. Address of Operator 15 SMITH R	D, MIDLAND, TX 79705	9. Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD
4. Well Location		SOLE WARE TODO DIVINOUS
Unit Letter D:	1310 Feet From The NORTH Line and 150	
Section 33	Township 24-SO Range 38-EA NN 10. Elevation (Show whether DF, RKB, RT,GR, etc.) CB 2406.	MPM <u>LEA</u> COUNTY
GR-3195, KB-3208		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION	ON TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	✓ ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPI	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMEN	NT JOB
OTHER:	OTHER:	TBG STUCK
 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. 4-18-06: MIRU PU. 		
4-19-06: CIRC W/150 BSB. TIH W/OS V 4-20-06: TAG FISH @ 6387. LATCH OF 4-21-06: TIH W/BIT & TBG & TAG TOP 4-22-06: INSTECT TBG. TIH W/TBG. T 4-24-06: ACIDIZED DRINKARD PERFS W/40 BCB. FLUSH W/400 BCB.	POF FILL @ 6617. RU REV UNIT. ESTAB CIRC. C/O FILL FR P @ 6181. PKR @ 6148. SET PKR. TEST ANN TO 600#. HEI G 6552-6706 W/5000 GALS 15% HCL. SCALE SQZ DRINKARI NK. REL PKR. REV CIRC GAS OUT OF TBG. TAG SALT @ 6 DF 6723. MP & RODS.	LD. D PERFS W/2 DRUMS BAKER SCW 260 MIXED
I hereby certify that the information above is true and complete	o to the best of my knowledge-and belief.	N. N
	fo the best of my knowledge and belief. **TITLE** Regulatory Specialist**	DATE 5/8/2006
	enise Pinkerton	DATE <u>5/8/2006</u> Telephone No. 432-687-7375

OC FIELD REPRESENTATIVE ILYSTAFF MANAGER

MAY 1 0 2006