Submit 3 copies to Appropriate

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

District Office			Revi	sed 1-1-89	
DISTRICT I	OIL CONSERVATION	ON DIVISION	lue i in i		
P.O. Box 1980, Hobbs, NM 88240			WELL API NO.		
DISTRICT II	P.O. Box 208	-	30-025-12293		
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	0 87504-2088	5. Indicate Type of Lease STATE	FEE 🗸	
DISTRICT III			6. State Oil / Gas Lease No.	, cc 💌	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.		
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 PERMI (FORM C-101) FOR SUCH PROPOSALS. 1. Type of Well: OIL GAS GAS			7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UN	it	
1. Type of Well: OIL GAS WELL WELL					
Name of Operator CHEVRON U			8. Well No. 66		
3. Address of Operator 15 SMITH R	D, MIDLAND, TX 79705		9. Pool Name or Wildcat DOLLARHIDE TUBB DRINKARI	D	
4. Well Location					
Unit LetterK:	2312 Feet From The SOU	TH Line and 2309	Feet From The <u>WEST</u> Line		
Section 31	Township 24S I	Range38ENN	IPM LEA COUNT	Y	
Homewall at the latest	10. Elevation (Show whether DF, RKB	, RT,GR, etc.)	77.7		
11. Check A	ppropriate Box to Indicate Na	ture of Notice, Report	, or Other Data		
NOTICE OF INTENTION TO:			JBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP		ur 🗀	
<u> </u>	5.11.11.02.1.2 j.11.0	CASING TEST AND CEMEN	<u> </u>	·· ⊔	
PULL OR ALTER CASING	STATUS - RE-TEST		NI JOB		
OTHER: REQUEST TAS	STATUS - RE-TEST	OTHER:			
 Describe Proposed or Completed Opproposed work) SEE RULE 1103. 	perations (Clearly state all pertinent o	details, and give pertinent d	ates, including estimated date of starting	g any	
CHEVRON U.S.A. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. (RE-TEST & RETURN TO TA STATUS)					
Chevron 0.5.A. INC. INTENDS TO I	EMPORARILY ABANDON THE SUI	BJECT WELL. (RE-TEST	& RETURN TO TA STATUS)		

I hereby certify that the information above is true and complete to the best of my jehowledge and belief.	
SIGNATURE WALLEY TITLE Regulatory Specialist	DATE <u>8/10/2006</u>
TYPE OR PRINT NAME Denise Pinkerton C FIELD REPRESENTATIVE HATTARE MANAGER	Telephone No. 432-687-7375
(This space for State Use)	AUG 1 5 2006
APPROVED LAW WWD CONDITIONS OF APPROVAL, IF ANY: DATE	MOO I 3 2000
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE	
U	DeSoto/Nichols 12-93 ver 1.0