

Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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.	30-025-12398
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-10272-0
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	80
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	

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 WELL  GAS WELL  OTHER INJECTOR

2. Name of Operator CHEVRON USA INC

3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705

4. Well Location Unit Letter A : 330 Feet From The NORTH Line and 330 Feet From The EAST Line Section 6 Township 25S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: REQUEST TO TA - RE-TEST
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPERATION
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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.

CHEVRON U.S.A. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. (RE-TEST & RETURN TO TA STATUS)

- 1) CIBP SET @ 6295'.
- 2) TEST CSG TO 500 PSI FOR 30 MINUTES.
- 3) RUN CHART FOR NMOCD .
- 4) RETURN WELL TO TA STATUS.

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 8/10/2006 Telephone No. 432-687-7375 TYPE OR PRINT NAME Denise Pinkerton

APPROVED HAYWARD WIND OC FIELD REPRESENTATIVE II/STAFF MANAGER CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

AUG 15 2006