Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103	
Office District I	Energy, Minerals and Natur	ral Resources	May 27, 2004	
District II.		WELL API NO. 30-025-12309		
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
<u>District III</u> 1220 South St. Francis Dr.		STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410  District IV  Santa Fe, NM 87505		7505	6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Gonended		o. State on & Gas Lease 110.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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			WEST DOLLARHIDE DRINKARD UT	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other WATER INJECTION		8. Well Number 60		
7/			9. OGRID Number 4323	
2. Name of Operator CHEVRON U.S.A. INC.			9. OGRID Number 4525	
3. Address of Operator			10. Pool name or Wildcat	
15 SMITH ROAD, MIDLAND, TEXAS 79705		DOLLARHIDE TUBB DRNKD		
4. Well Location				
Unit Letter I 2130 feet from the SOUTH line and 510 feet from the EAST line				
Section 32 Township 24-S Range 38-E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3183' GL		Transfer to the second	
Pit or Below-grade Tank Application or Closure				
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF				
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILLING OPNS. 🔲 🖙 AND A 🔲 🦙			RILLING OPNS. 📋 🔀 AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB \( \frac{1}{2} \left\)	
			NT JOB TOLGS L99 VELV	
OTHER: PERFORM STEP RATE INJECTION TEST   OTHER:				
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. For Multiple Completions: Attach wellbore diagram of proposed completion or				
recompletion.				
O O O O O O O O O O O O O O O O O O O				
Operator requests permission to perform step rate injection test on WDDU 060 on or soon after 9/25/2007. This request				
replaces an earlier C-103 for the above well due to slight engineering changes to the step rate design intended for				
standardization and simplification purposes. Results will be used to help design future step rate tests for the field.				
Proposal Procedure:				
1. Rig up wireline with gauge ring to check tubing condition and check for fill. Cleanout fill if necessary.				
2. Ensure well has been relatively stable injection for at least 48 hours then rig up eline and water pump truck to perform step rate test with				
downhole gauge set approximately at the top of active injection zone				
3. Measure water injection rate below the current permitted surface injection pressure. Plot the rate vs. pressure as a Cartesian graph (xy plot).				
4. Increase injection rate/pressure in at least 3-4 increments to establish a trend of rate versus pressure below the current permitted surface injection pressure. Wait for each step to stabilize (approximately 1 hour) and plot on same chart as above until a linear trend is established.				
5. Increase injection by approximately equal pressure increments and allow well to stabilize at each step (~1 hour increments). Plot rate vs.				
pressure for each step as above until at least 3-4 data points are observed to show "above fracture pressure" linear trend or until maximum				
surface pressure is reached (1550 psi as a factor of safety when utilizing surface injection system / 1900 psi when using a separate pump truck				
and tank system).				
6. Return well to the original operating injection pressure.				
7. Submit a new form C-103 with attached plot that shows the results of the injectivity test and the requested new operating pressure based on the				
test results. Both surface and downhole rate/pressure data will be included in the results.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.				
grand man and because of crossed according to restore guidenines in, a general permit in an (attached) after harrye och-approved plan in.				
SIGNATURE SULLE STATE OF SPECIALIST DATE 9-25-2007				
Type or print name DENISE PINKERTON E-mail address: LEAKEJD@CHEVRON.COM Telephone No.432-687-7375				
For State Use Only				
APPROVED BY: Laugh L	APPROVED BY: Langue Winds TITLE DATE DATE			
Conditions of Approval (Many):				