

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.	3002531487
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	120
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3170', KB-3183'

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 WATER INJECTION

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
Unit Letter F : 2190 Feet From The NORTH Line and 2224 Feet From The WEST Line
Section 32 Township 24-SO Range 38-EA NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3170', KB-3183'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ REQUEST FOR TA

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.

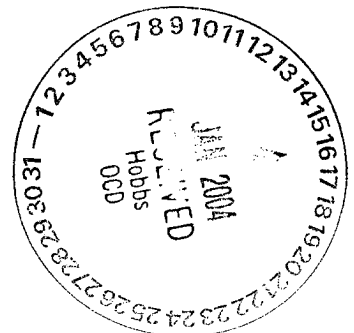
12-16-03: C/O FR 6460-6505. & 6505-6509. CSG IS COLLAPSED. PUH. WAIT ON ORDERS FROM ENGINEER. (DECIDED TO TA WELL)
12-17-03: TIH W/CIBP & SET @ 6390.
12-18-03: PERFORM MIT TEST TO 600 PSI. (ORIGINAL CHART & COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED.

FINAL REPORT

EVALUATION IS BEING MADE FOR FUTURE USE.

This Approval of Temporary
Abandonment Expires 1/21/09



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 1/12/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Harry W. Wink
CONDITIONS OF APPROVAL IF ANY: TITLE

OC FIELD REPRESENTATIVE II / STAFF MANAGER

JAN 21 2004

