| Submit 3 copies to Appropriate Energy, Minerals and Natural Resources Department District Office | Form C- Revised | | | |
|---|--|--------|--|--|
| DISTRICT | T | 1-1-09 | | |
| P.O. Roy 1980, Hobbs, NM, 88240 | WELL API NO. | | | |
| DISTRICT II P.O. Box 2088 | 3002531487 | | | |
| P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | 5. Indicate Type of Lease | | | |
| DISTRICT III | | E 📗 | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil / Gas Lease No. B-9613 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | B-3010 | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO | 7. Lease Name or Unit Agreement Name | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS. | WEST DOLLARHIDE DRINKARD UNIT | | | |
| 1. Type of Well: OIL GAS WELL OTHER WATER INJECTION | | | | |
| 2. Name of Operator | 8. Well No. | | | |
| CHEVRON USA INC | 120 | | | |
| 3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705 | 9. Pool Name or Wildcat | | | |
| | DOLLARHIDE TUBB DRINKARD | | | |
| 4. Well Location | Food From The MICOT | | | |
| Unit Letter F : 2190 Feet From The NORTH Line and 2224 | Feet From The WEST Line | | | |
| Section 32 Township 24-SO Range 38-EA | NMPMLEA_ COUNTY | | | |
| 10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3170', KB-3183' | | | | |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | | | |
| | COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT | | | |
| | | | | |
| | WENT JOB | _ | | |
| OTHER: INTENT TO TA OTHER: | | _ LJ | | |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertiner proposed work) SEE RULE 1103. | nt dates, including estimated date of starting any | 1 | | |
| CHEVRON U.S.A. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. | | | | |
| TOP PERF - 6467' | | | | |
| WILL SET CIBP @ 6390' & TEST TO 500 PSI FOR 30 MINUTES. | | | | |
| | | | | |
| | | | | |
| | | | | |

| 0 | | | |
|---|--|-------------------------|----------------------------|
| I hereby certify that the information above is true | and complete to the best of my knowledge and belief. | | |
| SIGNATURE | Sel Vare TITI | E Regulatory Specialist | DATE 12/15/2003 |
| TYPE OR PRINT NAME | Denise Leake | | Telephone No. 915-687-7375 |
| | | | |

APPROVED HOUSE, IF ANY: TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JAN 2 1 2004