Submit 3 Copies To Appropriate District	State of New Mexico		I	Form C-103
Office District I	Energy, Minerals and Natural Resources		June 19, 2008	
1625 N. Franck Dr. Webbs NM 00040			WELL API NO.	
District II 1301 W Grand Ave, Artesia, NM 88270 COIL CONSERVATION DIVISION			30-025-12382	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □		
District IV Santa Fe, NIVI 87303			6. State Oil & Gas Lease No.	
1220 S St Francis Dr., \$40850CD 87505				
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS)			7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT	
1. Type of Well: Oil Well Gas	Well Other INJECTOR	} -	8. Well Number 84	
2. Name of Operator			9. OGRID Number 4323	
CHEVRON U.S.A. INC.			10. Pool name or Wildcat	
3. Address of Operator 15 SMITH ROAD, MIDLAND, TEXA	S 79705		DOLLARHIDE TUBB DRIN	KARD
4. Well Location				1
Unit Letter H: 1656 feet fro			./	/
Section 5 Township 25-S	Range 38-E . Elevation (Show whether DR	NMPM PKR PT GP ata)	County LEA	144
" The State of the	. Dievation (Show whether Div	, KKD, K1, GK, etc.)		
12. Check Appr	copriate Box to Indicate N	lature of Notice, l	Report or Other Data	
NOTICE OF INTE	NTION TO:	SUBS	SEQUENT REPORT OF	F·
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				CASING
	HANGE PLANS	COMMENCE DRII		
	JLTIPLE COMPL	CASING/CEMENT		_
DOWNHOLE COMMINGLE			_	
OTHER			ABANDON WITH CHART – EX	
13. Describe proposed or completed of starting any proposed work). or recompletion.				
04-07-2010: RAN CHART FOR NMOO ATTACHED). CIBP SET @ 5922'.	CD. TEST TO 510 PSI FOR 3	0 MINUTES. (ORIG	GINAL CHART & COPY OF (CHART
PLEASE EXTEND TA STATUS DUE	TO PLANS TO UTILIZE THE	WELLBORE FOR	FUTURE CO2 FLOOD	
IMPLEMENTATION.				
WELL IS TEMPORARILY ARANDON	This Ar	oproval of Temporation	4-7-COIC	
WELL IS TEMPORARILY ABANDON	Aband	onment Expires	porary 7-2012	
Spud Date:	Rig Release D	ate:		
Spud Bute.				
I hereby certify that the information above	re is true and complete to the b	est of my knowledge	and belief.	
SIGNATURE WSW LIKE	ritle ri	EGULATORY SPEC	CIALIST DATE 04-13-2	2010
Type or print name DENISE PINKERTO)N E-mail address:	leakejd@chevron.co	om PHONE: 432-6	587-73 <i>7</i> 5
For State Use Only	2 man address.			
APPROVED BY:	TITLE 5	TAFF ME	PZ DATE 4.	-19-10
Conditions of Approval (if any):	TILLS C		1 DAIL /	-19-10 1-20-10

