

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED
SEP 10 2010
HOBBSOC

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-32769

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD
UNIT

8. Well Number 112

9. OGRID Number 4323

10. Pool name or Wildcat

DOLLARHIDE TUBB DRINKARD

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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☒

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter L: 1475 feet from the SOUTH line and 790 feet from the WEST line

Section 32 Township 24-S Range 38-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

TEMPORARILY ABANDON W/CHART

13. 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.

8-17-10: MIRU.

8-18-10: TIH W/CIBP & SET @ 5950'.

8-19-10: CIRC PKR FLUID. TEST PLUG TO 500# FOR 30 MINS - OK. DUMP 35' CMT W/BAILER.

(WILL RE-RUN CHART - WAS NOT WITNESSED BY NMOC)

9-01-10: RAN CHART FOR NMOC. PRESS TO 585 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED). RIG DOWN.

This Approval of Temporary
Abandonment Expires 9-1-2015

WELL IS TEMPORARILY ABANDONED.

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE

REGULATORY SPECIALIST

DATE 09-09-2010

Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

For State Use Only

APPROVED BY:

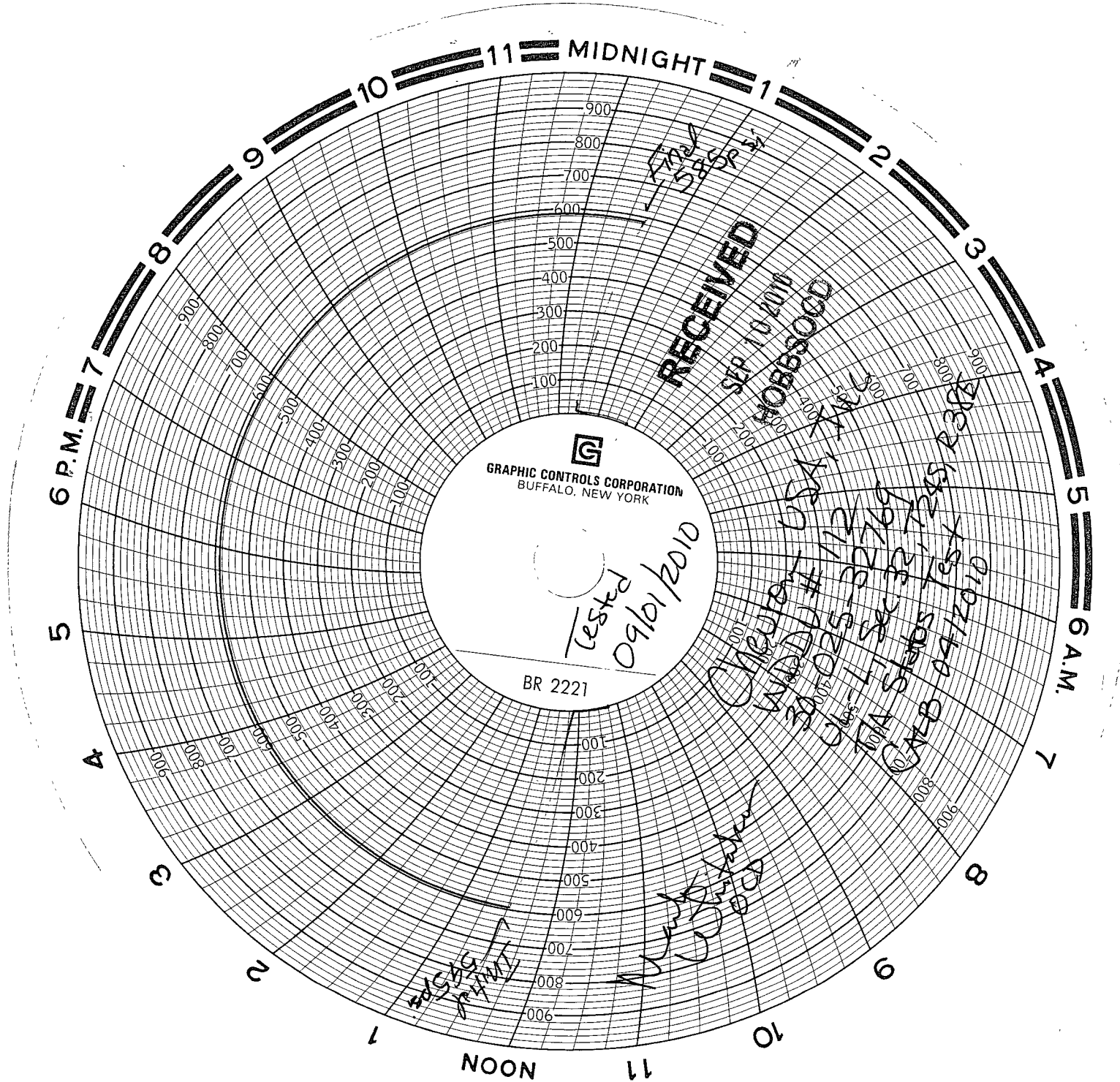
TITLE

STAFF MEMBER

DATE

9-13-10

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

RECEIVED

SEP 10 2010
HOBBSOCD

Chicago - USA, XVC
WADDU # 112
CL 025-32769
Sec 32 769
TIA Status Test
CALB 09/10/2010

BR 2221

Tested 09/01/2010

Final 585 ps

1475 S
790 W

