

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

OCT 28 2010

1220 South St. Francis Dr.  
Santa Fe, NM 87505

MOBBSOCD

WELL API NO. 30-025-12321	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT	✓
8. Well Number 42	✓
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 ☒ WATER INJECTION WELL

2. Name of Operator  
CHEVRON U.S.A. INC.

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

4. Well Location  
Unit Letter A: 660 feet from the NORTH line and 660 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.)

## 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 ☐

RETURN TO INJECTION WITH 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.

10-15-2010: RAN CHART FOR NMOCD. TEST TO 525 PSI FOR 30 MINUTES. OK. (ORIGINAL CHART & COPY OF CHART ATTACHED).

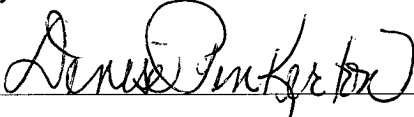
Well is returned to injection. TA status is removed.

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 10-20-2010

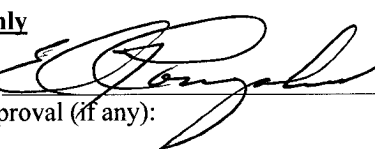
Type or print name DENISE PINKERTON

E-mail address: leakejd@chevron.com

PHONE: 432-687-7375

For State Use Only

APPROVED BY:



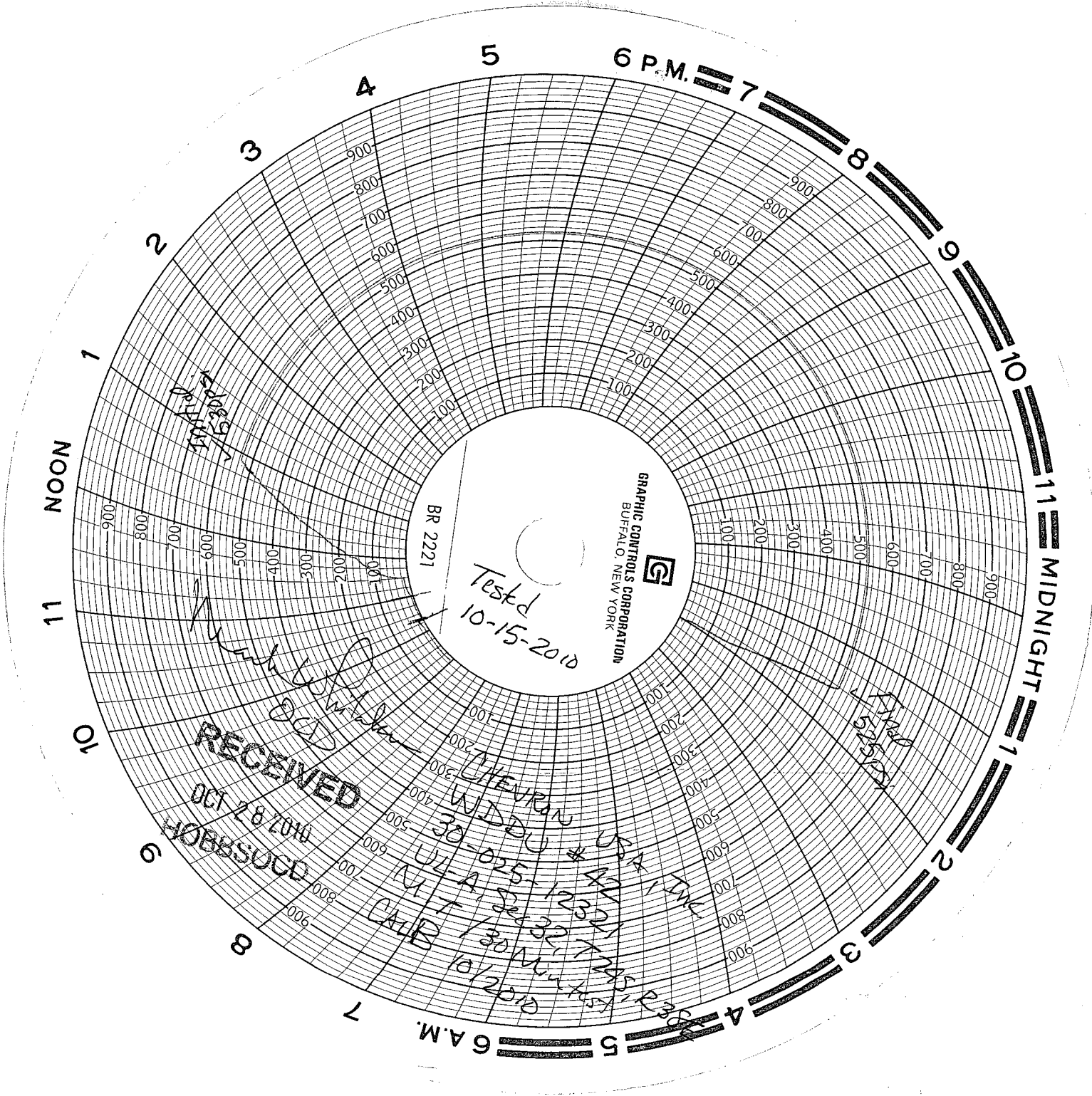
TITLE

STATE MGR

DATE

11-3-10

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Tested  
10-15-2010

BR 2221

RECEIVED  
OCT 28 2010  
HOBBSUCD

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WDDU  
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UL 4-32-32-725  
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