

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Grande Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| WELL API NO.                 | 30-025-12352                                                           |
| 1. 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 Devonian Unit

2. Well No. 115

9. Pool name or Wildcat  
Dollarhide Devonian

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  
P.O. Box 670, Hobbs, NM 88240

4. Well Location  
Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line  
Section 4 Township 25S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3147' GL

|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                     |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: Cleanout & Acidize <input checked="" type="checkbox"/>                 | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                     |

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.

IT IS PROPOSED TO CLEANOUT & ACIDIZE THE SUBJECT WELL, RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE M. E. Akins 6/13/90 TITLE Staff Dirg. Engr. DATE 6-13-90  
TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE JUN 15 1990