

Submit 3 copies
to Appropriate
District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	3002531999
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	139
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3136'

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
Unit Letter C : 420 Feet From The NORTH Line and 1900 Feet From The WEST Line
Section 5 Township 25-S Range 38-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3136'

11. 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 ☐OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☒ALTERING CASING ☐COMMENCE DRILLING OPERATION ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐RAN MIT ☒OTHER: ☐

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.

8-12-02: NOTIFY NMOCD. TEST CSG TO 520# FOR 30 MINUTES. TESTED GOOD (ORIGINAL CHART & COPY OF CHART ATTACHED)
RETURN TO INJECTION.

FINAL REPORT

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

SIGNATURE *Denise Leake*

TITLE Regulatory Specialist

DATE 10/22/2002

Telephone No. 915-687-7375

TYPE OR PRINT NAME

Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV - 5 2002

DeSoto/Nichols 12-93 ver 1.0

