Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I Energy, Minerals and Natural Resources 1625 N. Freach Dr., Hobbs, NM 88240			Revised March 25, 1999 WELL API NO.
District II OIL CONSERVATION DIVISION			30-025-12319
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State Oli & Gas Lease No.
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			7. Lease Name or Unit Agreement Name: West Dollarhide Devonian Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			
2. Name of Operator Chevron USA, Inc.			8. Well No.
3. Address of Operator 15 Smith Rd. Midland, Tx 79705			9. Pool name or Wildcat
4. Well Location			Dollarhide
Unit Letter H : 198	60 feet from the North	line and 660	0feet from the Eastline
Section 32	Township 24-S Ra	_{inge} 38-E	NMPM County Lea
	D. Elevation (Show whether D		c.)
	ropriate Box to Indicate Na	1	-
	NTION TO: LUG AND ABANDON	SUB: REMEDIAL WORI	SEQUENT REPORT OF:
	HANGE PLANS	COMMENCE DRI	LLING OPNS. PLUG AND
		CASING TEST AN CEMENT JOB	
OTHER:		OTHER:	
12. Describe proposed or completed of starting any proposed work). SI or recompilation.	operations. (Clearly state all p EE RULE 1103. For Multiple C	pertinent details, and Completions: Attach	d give pertinent dates, including estimated date h wellbore diagram of proposed completion
 Tag 7" CIBP @ 2461 Displa Perf 4 hole @ 2460 unable Perf 4 holes @ 1400 sqz w/ Perf 4 holes @ 375 sqz w/1 Perf 4 holes @ 200 circ cmi Circ cmt fr/60-surf w/15sx T Install dry hole marker 3-1 	to sqz spot 40sx plug fr/246 /75sx fr/1400-1200(T-salt)Ta /00sx fr/375-200 (13 3/8 shoe t 7" X 13 3/8" behind 13 3/8 v ag @ surf	1-2361(B-salt, Yat g @ 1128 e)Tag @ 225	
Approved as t	o Plugging of the Well B	ore.	Hobbs OCD
Liability under bond is retained until			
	ation is completed.		
I hereby certify that the information ab	ove is true and complete to the b	best of my knowledg	ge and belief.
SIGNATURE /		MANAGER /	SUNSET DATE 3-11-03
Type or print name Jimmy	BAGLEY		Telephone No. 915 561-86 00
(This space for State use)	- 10 - 10 - 10	SERVED BY	
APPPROVED BY	C. & (∀. \¥. \ • \¥rman	MBAK KOMETINTAMAMA	ILASTAFE MANAGERAT MAR 2 6 2013
Conditions of approval, if any:	<u></u>	A CRESEDUATIVE	HISTAFE MANAGERAI FIAN 2 0 2913
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