

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW-MEXICO 87501

Form C-103  
Revised 10-1-78

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & 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 PROPOSALS.)

|                                                                                                                                                                                                    |                                   |                                |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|-------------------------------------------------------|
| OIL WELL <input checked="" type="checkbox"/>                                                                                                                                                       | GAS WELL <input type="checkbox"/> | OTHER <input type="checkbox"/> | 7. Unit Agreement Name<br>West Dollarhide Devonian    |
| Name of Operator<br>Chevron U.S.A. Inc.                                                                                                                                                            |                                   |                                | 8. Farm or Lease Name Unit<br>WDDU                    |
| Address of Operator<br>P.O. Box 670, Hobbs, NM 88240                                                                                                                                               |                                   |                                | 9. Well No.<br>108                                    |
| Location of Well<br>UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>33</u> TOWNSHIP <u>24S</u> RANGE <u>38E</u> NMPM. |                                   |                                | 10. Field and Pool, or Wildcat<br>Dollarhide Devonian |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3166' GL                                                                                                                                          |                                   |                                | 12. County<br>Lea                                     |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

|                                                        |                                           |
|--------------------------------------------------------|-------------------------------------------|
| FORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>           | CHANGE PLANS <input type="checkbox"/>     |
| REPAIR OR ALTER CASING <input type="checkbox"/>        | OTHER <input type="checkbox"/>            |

SUBSEQUENT REPORT OF:

|                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> |                                               |
| OTHER <input type="checkbox"/>                       |                                               |

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 acidize the subject well for scale removal and return to production.

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

By Paul Kautz TITLE STAFF DRILLING ENGINEER DATE June 4, 1987  
Orig. Signed by  
Paul Kautz  
Geologist  
COPIED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 5 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 4 1987

FOOD  
HODGES OFFICE