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-

5a. Indicate Type of Lease
State [XX] Fee [ ]

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 [ ] GAS WELL [ ] OTHER- injector

7. Unit Agreement Name
West Dollarhide Devonian Unit

Name of Operator
Chevron U.S.A Inc.

8. Farm or Lease Name

Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Well No.
119

Location of Well
UNIT LETTER H . 2180 FEET FROM THE North LINE AND 450 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24S RANGE 38E NMPM.

10. Field and Pool, or Wildcat
Dollarhide Devonian

15. Elevation (Show whether DF, RT, GR, etc.)
3178

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER cleanout, acdz	[X]

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.

POOH w/production equipment. Circulate hole clean. Acidize devonian perfs. 7740-7888' w/4750 gallons 15% NEFE HCL and 1500 lbs GRS in 1500 gal GBW. Swab, TIH w/ 2 3/8" plastic coated tubing to 7495'. Pump pkr fluid down casing. Set pkr and press casing to 590psi, ok. Turn over to production. Work performed 9-28-87 through 10-2-87.

TD: 8000' PBTD: 7955'

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

SIGNED M. E. Hanson TITLE Staff Drilling Engineer DATE October 8, 1987

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 14 1987

CONDITIONS OF APPROVAL, IF ANY: