Submit 1 Copy To Appropriate District State of New Me	exico		Form C-103
Office Energy Minerals and Natural Resources			Revised July 18, 2013
<u></u>		WELL API NO.	
District II - (575) 748-1283 OIL CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr.		30-025-25694	İ
		5. Indicate Type of Lease	
		STATE FEE 🗵	
		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name
(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.)		CENTRAL DRINKARD UNIT	
1. Type of Well: Oil Well Gas Well Other		8. Well Number 419	
2. Name of Operator		9. OGRID Number 4323	
CHEVRON U.S.A. INC.			
3. Address of Operator		10. Pool name or Wildcat	
15 SMITH ROAD, MIDLAND, TEXAS 79705		DRINKARD	
4. Well Location			
Unit Letter: L 1631 feet from SOUTH line and 260 feet from the WEST line			
Section 28 Township 21S Range 37E NMPM			County LEA
11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEC			PORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			
TEMPORARILY ABANDON		_	P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			_
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		ST W/CHART - EX	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
proposed completion of recompletion.			
05/16/14: NOTIFIED NMOCD. RAN CHART. PRESS TO 560 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART			
ATTACHED). TEST WAS REPORTED & OKAYED BY MARK WHITAKER, NMOCD.			
			7 /
Spud Date: Rig Release Da		Approval of	Tomporany.
	-	1 1	- ' F'III 1201A
Abandonment Expires 5/16/kD13			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
\mathcal{N}_{α} () \mathcal{N}_{α} ()			
SIGNATURE THE SIGNATURE SPECIALIST DATE 06/02/2014			
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375			
For State Use Only AA A A A A A A A A A A A A A A A A A			
APPROVED BY: Wally Shown TITLE Dist. Supervisor DATE le / le / 2014			
Conditions of Approval (if any)			
V			

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