

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. 30-025-06960

5. Indicate Type of Lease STATE  FEE

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name  
CENTRAL DRINKARD UNIT

8. Well No. 154

9. Pool Name or Wildcat  
DRINKARD

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

2. Name of Operator  
CHEVRON USA INC

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

4. Well Location  
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line  
Section 33 Township 21-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3463' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER: <input type="checkbox"/>	REQUEST TA STATUS <input checked="" type="checkbox"/>

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.

12-02-02: MIRU.  
12-03-02: TIH W/CIBP & SET @ 6450'.  
12-04-02: TEST CSG W/2% KCL & CHARTED FOR 30 MINS. OK.  
(ORIGINAL CHART & COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED.

Temporary Abandonment Expires

12/31/02

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 12/18/2002

TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use)

APPROVED CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY GARY W. WINK DATE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DEC 31 2002