Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FEE 🗸

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

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Section 29

OIL CONSERVATION DIVISION WELL APLNO.

P.O. Box 2088	
Santa Fe, New Mexico 87504-2088	5. Indicate T

	30-025-09935
5.	Indicate Type of Lease

STATE	

STRICT III	
00 Rio Brazos Rd., Aztec, NM 87410	6. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT
Type of Well: OIL WELL GAS WELL OTHER	
Name of Operator CHEVRON USA INC	8. Well No. 163
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	Pool Name or Wildcat DRINKARD
Well Location	

Township 21-S

2310'

_ Range <u>37-E</u> **NMPM**

Feet From The WEST

LEA COUNTY

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

3. 4.

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

Feet From The SOUTH Line and 330'

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATION		PLUG AND ABANDONMENT		
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB				
OTHER: COMPLETE	WELL AS F	RESSURE MONITOR WELL		OTHER:			_ 🗆	

PERMIT FOR HORIZONTAL OF THE SUBJECT WELL WAS APPROVED ON 11-10-03. (COPY ATTACHED)

THIS REQUEST IS ASKING FOR APPROVAL TO COMPLETE THE SUBJECT WELL AS A PRESSURE MONITOR WELL BEFORE STARTING THE HORIZONTAL WORK. CHEVRON U.S.A. PLANS TO LEAVE THE TUBING IN THE WELL AND HAVE ONGOING MONITORING OF PRESSURE BY SURFACE GAUGE AND SHOOTING FLUID LEVELS.

PER PHONE CONVERSATION BETWEEN DENISE WANN, ENGINEER FOR CHEVRON, AND CHRIS WILLIAMS, DIRECTOR OF NMOCD IN HOBBS:

MR. WILLIAMS HAS AGREED THAT THE WORK CAN BE DONE ON THE TERMS OF HAVING A CASING INTEGRITY TEST EVERY FIVE YEARS BY SETTING A CIBP & PRESSURE TESTING THE CASING TO 500 PSI.

ANY QUESTIONS SHOULD BE DIRECTED TO DENISE WANN AT (432)687-7380.

THANK YOU FOR YOUR CONSIDERATION.

I hereby certify that the infi Regulatory Specialist **SIGNATURE** TITLE DATE 5/20/2004 Telephone No. 915-687-7375 Denise Leake TYPE OR PRINT NAME

APPROVED / CONDITIONS OF APPROVAL, IF ANY:

TITLE

PETROLEUM ENGINEER

DATE

JUN 0. 2. 2004

^{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.

1625 N. French Dr., Hobbs, NM 88240 District II 811 S. 1st Street, Artesia, NM 88210

State of New Mexico Energy, Minerals & Natural Resources

Form C-102 Revised March 17, 1999

Submit to Appropriate District Office

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Disfrict IV				OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					State Lease - 4 Copies Fee Lease - 3 Copies			
2040 South Pacheco, Santa Fe, NM 87505								AMEN	DED REPORT			
WELL LOCATION AND ACREAGE DEDICATION PLAT												
1	API Number	ī		² Pool Code ³ Pool Name								
30	-025-099	35		19190 DRINKARD)			
⁴ Property	Code				5 P	roperty Nam	e			6 W	ell Number	
2600	5	ļ			CENTRAL	DRINKAR	D UNIT			16	3 H	
⁷ OGRID No. ⁸ Operator Name										9	Elevation	
432	3				Chevron U.S.A. Inc.							
¹⁰ Surface Location												
UL or lot no.	Section	Township	Ran	ige Lo	ot. Idn Fe	et from the	North/South line	Feet from the	East/W	est line	County	
L	29	21-9	37-E	=	2:	310'	SOUTH	330'	WES	T	LEA	
11 Bottom Hole Location If Different From Surface												
UL or lot no.	Section	Township	Rar	nge L	ot. Idn Fe	et from the	North/South line	Feet from the	East/W	est line	County	
М	29	21-5	37-E	Ē	!	50'	SOUTH	500'	WEST		LEA	
12 Dedicated Acres		or Infill NO	¹⁴ Consolidat	tion Code	15 Order No.		***					
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION ¹⁷OPERATOR CERTIFICATION 16 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. DENISE PINKERTON Printed Name REGULATORY SPECIALIST Title 10-15-03 Date 18SURVEYOR CERTIFICATION 330' SHL I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer M Certificate Number

