

**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.	30-025-25694
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well No.	419
9. Pool Name or Wildcat	DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.	
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>K</u> : <u>1631'</u> Feet From The <u>SOUTH</u> Line and <u>260'</u> Feet From The <u>WEST</u> Line Section <u>28</u> Township <u>21-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ REQUEST FOR TA

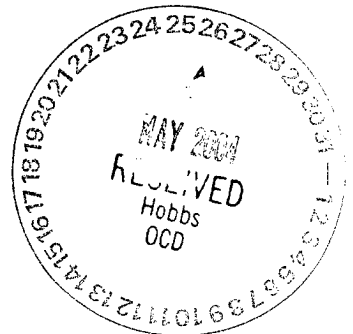
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-17-04: MIRU. SET CIBP @ 6432'. TEST CSG TO 500 PSI FOR 30 MINUTES.  
(ORIGINAL CHART & COPY OF CHART ATTACHED).

WELL IS UNECONOMICAL TO PRODUCE AT THIS TIME.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary  
Abandonment Expires 5/17/09



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 5/24/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Harry W. Wink  
CONDITIONS OF APPROVAL, IF ANY: TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE JUN 02 2004

DeSoto/Nichols 12-93 ver 1.0

