

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.

30-025-06929

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator

CHEVRON USA INC

3. Address of Operator

15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter E : 1879' Feet From The NORTH Line and 810 Feet From The WEST Line

Section 32 Township 21-S Range 37-E NMPM LEA COUNTY

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

3468'

7. Lease Name or Unit Agreement Name
CENTRAL DRINKARD UNIT

8. Well No.

137

9. Pool Name or Wildcat

DRINKARD

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: ☐

CLEAN OUT & ACIDIZE ☒

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. REL PKR. TIH TO 6400'.

5-18-04: TAG FILL @ 6415'. C/O FILL FR 6415-6597'. TIH W/PKR & SET @ 6453'.

5-19-04: PUMP 750 GALS 2F130 & ROCK SALT. PUMP 1000 GALS 15% HCL. REL PKR. PUH & SET PKR @ 6390. ACIDIZE PERFS 6538-6597' W/3000 GALS 15% HCL & 1500# SALT. OPEN ON CHOKE & FLOW WELL.



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 5/25/2004

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED:

Hayward Wink

OG FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 08 2004