

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.

30-025-06941

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.

132

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 PERMI
(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 B : 554' Feet From The NORTH Line and 1874' Feet From The EAST Line

Section 32 Township 21-S Range 37E NMPM LEA 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: ☐

RUN COIL TBG IN LATERAL ☒

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.

2-27-03: MIRU PU.

2-28-03: TIH W/BIT ON TBG 6510' IN LATERAL. NO RESTRICTION. WHIPSTOCK IN PLACE. TIH W/2 7/8" TBG OPEN ENDED 6508'.

3-02-03: PUMP 250 SCF/MIN N2. RAN IN TO 6700'. ATTEMPT TO BREAK CIRC @ 5 BPM 2% KCL WTR. PRESS 2210 PSI. UNABLE TO CIRC. RUN COIL TBG @ 25'. LATERAL OPEN ALL THE WAY TO 9005'.

3-06-03: TIH W/1 JT TBG & 1999 JTS 2 7/8" TBG.

3-07-03: NDBOP. NUWH. TIH W/1.75" PUMP, 140 3/4" RDS. PLACE WELL ON PRODUCTION. RIG DOWN.

FINAL REPORT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

Regulatory Specialist

DATE

4/2/2003

TYPE OR PRINT NAME

Denise Leake

Telephone No.

915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

DeSoto 10-93 ver 1.0

APR 07 2003

