

Office

Energy, Minerals and Natural Resources

Revised August 1, 2011

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

HOBBS OGD

FEB 07 2013

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-06893

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 Number 160

9. OGRID Number 4323

10. 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other WTR INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND TX. 79705

4. Well Location

Unit Letter E : 1980 feet from the NORTH line and 660 feet from the WEST line
Section 29 Township 21S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☐OTHER: COIL TBG CLEANOUT, & ACIDIZE ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

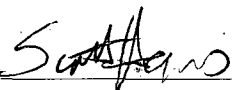
10/31/2012-MIRU, CT UNIT & ACID TRUCK. PU SONIC HAMMER ON CT INSTAL CT BOP. TIH PERFORM 1ST CHECKS @ 1000' THEN EVERY 1500'. SPOT 10 BBLS GEL PILL SI FOR 10 MIN. ACID WASH PERFORATIONS 6554'-6648' W/4000 GALS 15% NEFE HCL.DISPLACE W/25 BBLS FWTR. TOH W/CT & SONIC HAMMER RDMO CLEAN LOCATION.

Spud Date:

Rig Release Date:

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

SIGNATURE



TITLE PERMITTING SPECIALIST

DATE 02/06/2013

Type or print name SCOTT HAYNES

E-mail address: TOXO@CHEVRON.COM

PHONE: 432-687-7198

For State Use Only

APPROVED BY:



TITLE

Compliance Officer

DATE 02-08-2013

Conditions of Approval (if any):

FEB 11 2013