

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.	30-025-06893
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well No.	160
9. Pool Name or Wildcat	DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

**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 INJECTOR

2. Name of Operator  
CHEVRON USA INC

3. Address of Operator  
15 SMITH RD, MIDLAND, TX 79705

4. Well Location  
Unit Letter J : 1980' Feet From The SOUTH Line and 660' Feet From The W Line  
Section 29 Township 21-S Range 37-E NMMPM 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: ☒ 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.

12-27-05: MIRU PU.  
12-28-05: TIH W/BIT TO 3114.  
12-29-05: TIH W/WS & TAG @ 6655. NO FILL. TIH W/PKR & SET @ 6461.  
01-03-06: PUMP 45 BBLS ACID @ 6.5 BPM @ 2083 PSI. FLUSH W/44 BW. FLOWING.  
01-04-06: REL PKR.  
1-05-06: PU PKR. TIH W/209 JTS 2 3/8" TBG TO 6514. SET PKR. REL ON OFF TOOL. LATCH ONTO PKR. MIT TEST W/CHART. BLOW PUMP OUT PLUG. RIG DOWN. FINAL REPORT

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

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 1/12/2006

TYPE OR PRINT NAME Denise Pinkerton Telephone No. 432-687-7375

(This space for State Use)

APPROVED Harry W. Wink

CONDITIONS OF APPROVAL, IF ANY:

TITLE OGC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE JAN 26 2006

