

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.                         | 30-025-06896                                                           |
| 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.                          | 107                                                                    |
| 9. Pool Name or Wildcat              | DRINKARD                                                               |

|                                                                                                                                                                                                           |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                                   |
| 2. Name of Operator                                                                                                                                                                                       | CHEVRON USA INC                                                                                                                                                                                        |
| 3. Address of Operator                                                                                                                                                                                    | 15 SMITH RD, MIDLAND, TX 79705                                                                                                                                                                         |
| 4. Well Location                                                                                                                                                                                          | Unit Letter <u>G</u> : <u>1980'</u> Feet From The <u>NORTH</u> Line and <u>1980'</u> Feet From The <u>EAST</u> Line<br>Section <u>29</u> Township <u>21-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY |
| 11. Elevation (Show whether DF, RKB, RT, GR, etc.)                                                                                                                                                        | 3497'                                                                                                                                                                                                  |

|                                                                               |                                                            |
|-------------------------------------------------------------------------------|------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                            |
| <b>NOTICE OF INTENTION TO:</b>                                                | <b>SUBSEQUENT REPORT OF:</b>                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                     |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                   |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPERATION <input type="checkbox"/>       |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>              |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>        |
|                                                                               | OTHER: <input checked="" type="checkbox"/> REPAIR CSG LEAK |

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.

5-30-06: MIRU PU. REL PKR. TIH W/BIT & 155 JTS 2 7/8" WS TO 4887.  
5-31-06: TAG FILL @ 6633. C/O 6633-6691'. TIH W/RBP & PKR TO 6437. (TOP OF LINER). PU 2' & SET RBP. PUH. SET PKR @ 6425.  
6-01-06: REL PKR. PUH. SET PKR @ 5105. (ABOVE PADDOCK PERFS, RBP BELOW). REL PKR. LEAVE SWINGING FR SURF TO 6462.  
SURFACE LEAK. TIH & RETR RBP. PU & TIH W/RBP & PKR TO 6465. SET RBP. PUH. SET PKR @ 6440. PUH W/PKR.  
6-02-06: TIH W/PKR TO LINER TOP. SET PKR.  
6-05-06: TIH W/RBP & PKR. SET PLUG @ 4106. PUH. SET PKR @ 4075. PUH. SET PKR @ 3496. REL PKR. DUMP 2 SACKS SAND ON RBP. TIH W/PKR TO 3860.  
6-06-06: SPOT 6 BBLS 15% ACID ACR PERFS. PUH. SET PKR @ 3497. BREAK DN @ 1700 PSI. TREAT W/26 BBLS ACID.  
6-07-06: SQUEEZE PENROSE SKELLY PERFS W/200 SX CL C CMT. REL PKR. REV W/30 BBLS TO CLEAR TBG. PUH 300'. REV 30 BBLS TO CLEAR TBG. SET PKR. PUT 1500 PSI ON TBG.  
6-08-06: REL PKR. TEST CSG TO 900 PSI. TIH W/BIT & TAG CMT @ 3500'. DO CMT FR 3500-3815'. PUH TO 3784.  
6-09-06: DO CMT FR 3815. FELL OUT @ 3852. TAG SAND @ 4098. C/O SAND TO RBP @ 4106. CIRC CLN. TIH & LATCH RBP.  
6-12-06: TIH W/SLICK GUN & GAMMA RAY. TAG TD @ 6638'. TIH W/BIT & TAG FILL @ 6643'. D/O FR 6643. FELL OUT @ 6648. TIH TO PBTD @ 6691.  
6-13-06: PERF 6543-47, 6550-63, 6595-97, 6603-08, 6618-22, 6630-40. TIH W/PKR & WS TO 6479. SET PKR @ 6479'. ACIDIZE PERFS 6543-6659' W/4000 GALS 15% HCL & SALT.  
6-14-06: SWAB. REL PKR.  
6-15-06: TIH W/PKR & 1 STAND TEST PKR. NO BLEED. TIH W/2 3/8" INJU TBG.  
6-16-06: PU PKR & 1 JT TBG. TEST PKR. GOOD. HYDRO TEST TO 3000# 204 JTS 2 3/8" TBG TO 6457. SET PKR. CIRC W/270 BBLS PKR FLUID.  
6-19-06: PSI TO 500#. CUT CHART. (96 MIN CHART) LOST 30 PSI IN 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED). 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 6/20/2006  
TYPE OR PRINT NAME Denise Pinkerton Telephone No. 432-687-7375

(This space for State Use)

APPROVED Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER  
CONDITIONS OF APPROVAL, IF ANY:  DATE JUL 05 2006  
DeSoto/Nichols 12-93 ver 1.0

