

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.	30-025-06978
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.	141
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 E : 1980' Feet From The NORTH Line and 660' Feet From The WEST Line
Section 33 Township 21-S Range 37-E NMPM LEA COUNTY

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: ☒ RETURN TO INJECTION

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.

1-08-07: MIRU. 1-09-07: TIH W/BIT TO 6345. TAG CIBP. DRILL 6450-6614, 6345-6580. PUSH CIBP DN.
1-10-07: TIH & TAG @ 6580. DRILL 6580-6610. QUIT DRILLING. TIH W/PKR TO 6345. SET PKR. 1-12-07: PUMP 4000 GALS 15% HCL.
1-15-07: TIH W/PKR. TAG TD. TOH W/PKR. 1-16-07: TIH W/PKR & SET @ 6345. LATCH ONTO PKR.
1-17-07: FLANGE UP WH. PRESSURE CSG TO 540#. CHART FOR NMOC. (ORIGINAL CHART & COPY OF CHART ATTACHED).
RIG DOWN. FINAL REPORT. RETURN TO INJECTION.

3-06-07: ON 24 HR OPT. INJECTING 200 BWPD @ 0 PSI.

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 3/12/2007

TYPE OR PRINT NAME

Denise Pinkerton

Telephone No. 432-687-7375

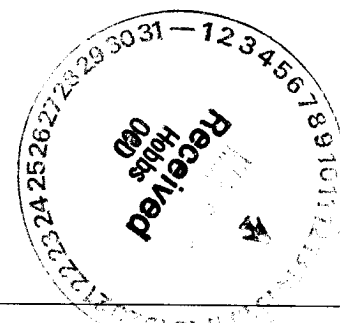
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APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE



OC FIELD REPRESENTATIVE II / STAFF MANAGER

MAR 19 2007

