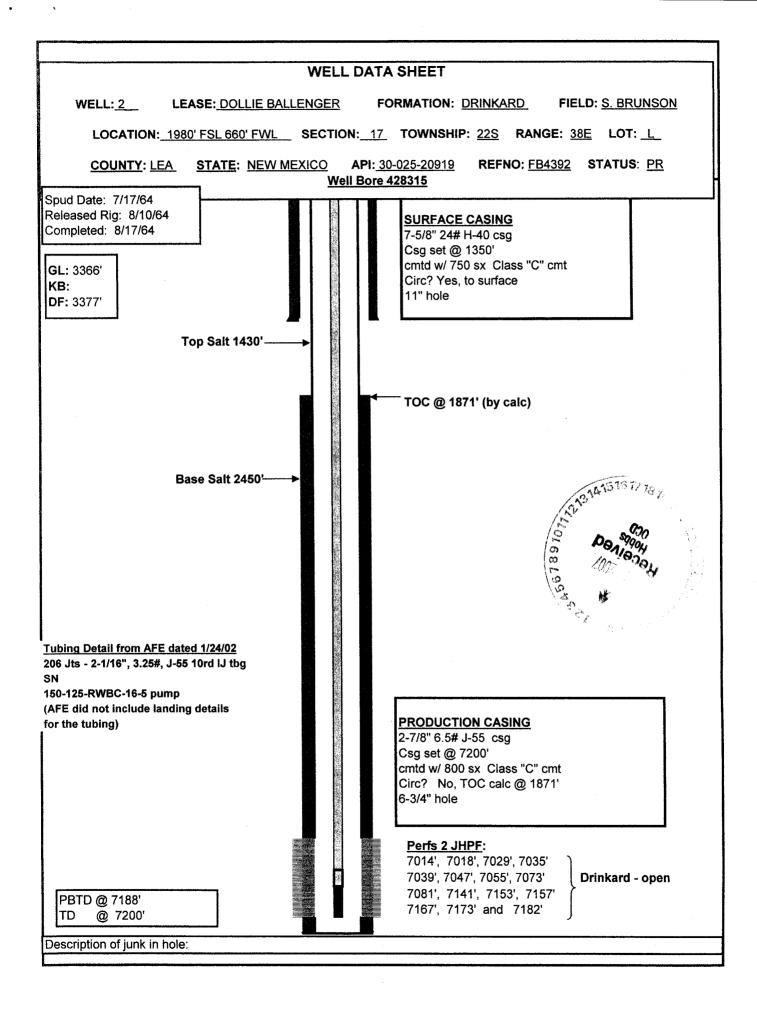
| Office  |                                     | I New Mo   |                                  |                         |                         | rm C-103             |
|---|-------------------------------------|--|----------------------------------|-------------------------|-------------------------|----------------------|
| District I<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Mineral                     | ls and Nati  | ural Resources                   | WELL API NO.            |                         | arch 4, 2004         |
| District II   | OIL CONSER                          | VATION   | J DIVISION                       | 30-025-209              |                         |                      |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III   | 1220 Sou                            |  |                                  | 5. Indicate Type        |                         | _                    |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   |                                     | Fe, NM 8   |                                  | 6. State Oil & G        |                         |                      |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |                                     | ,  |                                  | o. State on & d         | as Lease 140.           |                      |
| SUNDRY NOTICE<br>(DO NOT USE THIS FORM FOR PROPOSA  | 7. Lease Name of                    | or Unit Agreeme  | ent Name                         |                         |                         |                      |
| DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)  | Dollie Ballenger                    |  |                                  |                         |                         |                      |
| 1. Type of Well:  |                                     |  |                                  | 8. Well Number          |                         | /                    |
| Oil Well Gas Well C  2. Name of Operator  | ther                                |  |                                  | 9. OGRID Num            | 1                       |                      |
| Chevron USA,  | 9. OOKID Num<br>241333              | 432  | 3                                |                         |                         |                      |
| 3. Address of Operator P.O. Box 713   |                                     | 10. Pool name or Wildcat Brunson Drinkard - Abo, South |                                  |                         |                         |                      |
| 4. Well Location  | o,a.a.i.a, 171 1010                 |  |                                  |                         | u - Abo, Gouti          | '                    |
| Unit Letter L :   | 1980 feet from the                  | <sub>e</sub> South                                     | line and 66                      | 60 feet fro             | om the West             | line                 |
|   |                                     |  |                                  |                         | 1415167                 | 71870.               |
| Section 17  | Township 2<br>11. Elevation (Show v |  | ange 38-E<br>, RKB, RT, GR, etc. | NMPM Lea                | County                  | (a)                  |
|   |                                     |  |                                  |                         | 0 42                    |                      |
| Pit or Below-grade Tank Application (For pi   | S Rng 38E Pit type                  | Steel D  | epth to Groundwater              | 60' Distance from h     | earest fresh was on     | Well Over 100        |
| Distance from nearest surface water   |                                     |  |                                  | 1,                      |                         | ST V                 |
| 198 feet from the South line and 660  | ) feet from the West                | t_line (S  | Steel Tank)                      | 12                      | 3 1                     |                      |
|   |                                     |  |                                  | ·                       | " ch                    |                      |
|   | propriate Box to I                  | ndicate N  | 1                                | •                       |                         | .vv.                 |
| NOTICE OF INTI  |                                     | –  |                                  | SEQUENT RE              |                         |                      |
| PERFORM REMEDIAL WORK   I   | PLUG AND ABANDO                     | N 🔼  | REMEDIAL WOR                     | RK ⊔                    | ALTERING CA             | SING [               |
| TEMPORARILY ABANDON   | CHANGE PLANS                        |  | COMMENCE DR                      | ILLING OPNS.            | PLUG AND                |                      |
|   | MULTIPLE<br>COMPLETION              |  | CASING TEST A<br>CEMENT JOB      | ND 🗆                    | ABANDONMEI              | IN I                 |
| OTHER:  |                                     |  | OTHER:                           |                         |                         |                      |
| 13. Describe proposed or complete   | ed operations. (Clear               | ly state all p   | pertinent details, an            | d give pertinent dat    | es, including est       | imated date          |
| of starting any proposed work or recompletion.  | ). SEE RULE 1103.                   | For Multip   | le Completions: A                | ttach wellbore diagr    | am of proposed          | completion           |
| <ol> <li>Notify OCD 24 hrs prior to MI and R</li> <li>RIH and set CIBP at 6975' and spot</li> </ol>                     | U.                                  | - 6075' 1575'  | / (Drinkord/Cloristo/S           | Andros (Ourse Water II  | 7 C-W TAO               |                      |
| <ol><li>Perf and squeeze 50sx cement plug</li></ol>   | from 1530'-1300' (T-Sa              | lt, 7 5/8 shoe   | e) WOC Tag.                      | Andres/Queen/ rates/t   | s-sait). TAG            |                      |
| <ol> <li>Cut and pull 1300; of 2-7/8" casing.</li> <li>Spot 25sx plug of cement from 1300</li> </ol>                    | )'-1200' (7 5/8 shoe and            | stub). TAG   |                                  |                         |                         |                      |
| <ol> <li>Displace hole w/MLF, 9.5# Brine w/</li> <li>Spot 40sx plug of cement from 150'-</li> </ol>                     |                                     | 8.   | Install dryhole marker           | :                       |                         |                      |
| I hereby certify that the information abours and the constructed or closed tank has been/will be constructed or closed. | ove is true and comple              | ete to the be  | est of my knowledg               | e and belief. I furth   | er certify that any p   | pit or below-        |
|   | ed secording to NWIOCD              | guidennes [  |                                  | or an (attached) altern |                         |                      |
| SIGNATURE M. Ku 7   | me C                                | _TITLE   | Agent                            |                         | _DATE_ 4-30-            | 2007                 |
| Type or print name M. Lee Roark   |                                     | E-mail ad  | dress:                           | Te                      | elephone No. 43         | 32-561 <b>-</b> 8600 |
| (This space for State use)  | <b>.</b> A                          |  |                                  |                         |                         |                      |
| A DDDD OVED DV  | - 126                               |  |                                  |                         | MAY 0                   | 3 2007               |
| APPPROVED BY  | Now                                 | TITLE  |                                  |                         | _DATE <mark>''''</mark> | <del></del>          |
|   | <b>&amp;</b>                        | EMIN'S   | THE OFFICE                       | OHAPRIPENE              | <b>NEDIVISION</b>       | MUST                 |
|   | •                                   | · · · · · · · · · · · · · · · · · · ·                  | BE NOTIF                         | IED 24 HOUR             | S PRIOR TO              | O THE                |
|   |                                     |  | BEGINNING                        | G OF PLUGGI             | NG OPERA                | TIONS.               |



## New Mexico Office of the State Engineer POD Reports and Downloads

| Township:           | 22S Range: 37E | Sections: 24   |                              |
|---------------------|----------------|--|------------------------------|
| NAD27 X:            | Y:             | Zone:  | Search Radius:               |
| County: LE          | Basin:         |  | Number: Suffix:              |
| Owner Name: (First) | (Last)         | ikki ka ja salah kanan kan | ONon-Domestic ODomestic OAll |
| POD / Surface Data  | Report Avg     | g Depth to Water   | Report Water Column Report   |
|                     | Clear Form     | iWATERS Me   | nu Help                      |
|                     |                |  |                              |

AVERAGE DEPTH OF WATER REPORT 04/30/2007

(Depth Water in Feet)

 Bsn
 Tws
 Rng
 Sec
 Zone
 X
 Y
 Wells
 Min
 Max
 Avg

 CP
 22S
 37E
 24
 1
 60
 60
 60

Record Count: 1

