## State of New Mexico

Submit 3 copies to Appropriate District Office	Energy, Minerals and Natural Resources Department				Form C-103 Revised 1-1-89						
<u>DISTRICT I</u>	OIL	CONSERVAT	ION DIVISION	WELL API NO.							
P.O. Box 1980, Hobbs, NN	1 88240	P.O. Box 2		30-025-06841							
DISTRICT II	.:- NW 00040 S	anta Fe, New Mex		Indicate Type of Lease							
P.O. Box Drawer DD, Artes  DISTRICT III	ia, NM 88210	,		STATE	<b>✓</b> FEE						
1000 Rio Brazos Rd., Azte	c. NM 87410			6. State Oil / Gas Lease No.							
	SUNDRY NOTICES AN	D REPORTS ON W	FILS								
(DO NOT USE THIS FO	ORM FOR PROPOSALS 1	TO DRILL OR TO DEE	PEN OR PLUG BACK TO	7. Lease Name or Unit Agreement	Name						
DIFF	ERENT RESERVOIR. U (FORM C-101) FOR	SE "APPLICATION FO R SUCH PROPOSALS		CENTRAL DRINKARD UNIT							
Type of Well: OIL WELL	GAS _	OTHER									
2. Name of Operator	CHEVRON USA INC			8. Well No. 110	W.C.						
3. Address of Operator	15 SMITH RD, MIDLAN	ID, TX 79705		9. Pool Name or Wildcat	1990.1						
4. Well Location			7.06.000-	DRINKARD							
Unit Letter_	<u>F</u> : 1874	_Feet From The _NC	RTH Line and 1874	Feet From The WEST	_Line						
Section 28	Township	<sub>0</sub> 21-S	_Range37-ENN	IPMLEA_(	COUNTY						
	10. Eleva	tion (Show whether DF, RI	(B, RT,GR, etc.) 3466' GL								
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data											
NOTICE OF	INTENTION TO:		SL	JBSEQUENT REPORT	OF.						
PERFORM REMEDIAL WOI		ABANDON	REMEDIAL WORK	ALTERING CASIN							
TEMPORARILY ABANDON	CHANGE F	PLANS	COMMENCE DRILLING OPE								
PULL OR ALTER CASING			CASING TEST AND CEMEN								
OTHER:	لــا		_	EQUEST TA STATUS - WITH CHAR	т 🗸						
12. Describe Proposed or	Completed Operations (C	learly state all pertinen	t details, and give pertinent d	ates, including estimated date of	***************************************						
proposed work) SEE R	ULE 1103.			, <b>y</b>	o am an ag am ag						
4-30-2007: CIBP IS SET WELL IS TEMPORARILY		540 PSI FOR 30 MINU	JTES.								
				· value was a company							
				A 19 19 19 19 19 19 19 19 19 19 19 19 19							
		1,-									
This Approval of Temporary 4 30 12 Abandonment Expires											
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				<b>.</b>							
231-35											
I hereby certify that the information above	e is true and complete to the best of my	moyfledge and belief.									
SIGNATURE	use Stroper	· /	gulatory Specialist	DATE 5/	7/2007						

**Denise Pinkerton** 

TYPE OR PRINT NAME

MAY 1 0 2007

DeSoto/Nichols 12-93 ver 1.0

432-687-7375

Telephone No.