State of New Mexico Submit 3 copies to Appropriate District Office Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-06938 DISTRICT !! Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE FEE [DISTRICT III 6. State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI CENTRAL DRINKARD UNI (FORM C-101) FOR SUCH PROPOSALS. OIL GAS 1. Type of Well: WELL WFIL **OTHER** 2. Name of Operator 8. Well No CHEVRON USA INC 3. Address of Operator 9. Pool Name or Wildcat 15 SMITH RD, MIDLAND, TX 79705 DRINKARD 4. Well Location 554' Feet From The SOUTH Line and 554' Feet From The EAST Line Unit Letter 21-S Range 37-E LEA COUNTY Township_ 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3480' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPERATION CHANGE PLANS PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB PULL OR ALTER CASING TA STATUS WITH CHART OTHER: OTHER: 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. 4-24-2007: CIBP SET @ 6440'. TEST CSG TO 550 PSI FOR 30 MINUTES. (CHART ATTACHED). WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary 4 30 12
Abandonment Expires

hereby certify that the information above is true and complete to the best of my knowledge and beli

TITLE Regulatory Specialist

DATE 5/7/2007

Denise Pinkerton

OC FIELD REPRESENTATIVE 11/5TAFF MANAGER

Telephone No. 432-687-7375

(This space for State Use)

TYPE OR PRINT NAME

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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