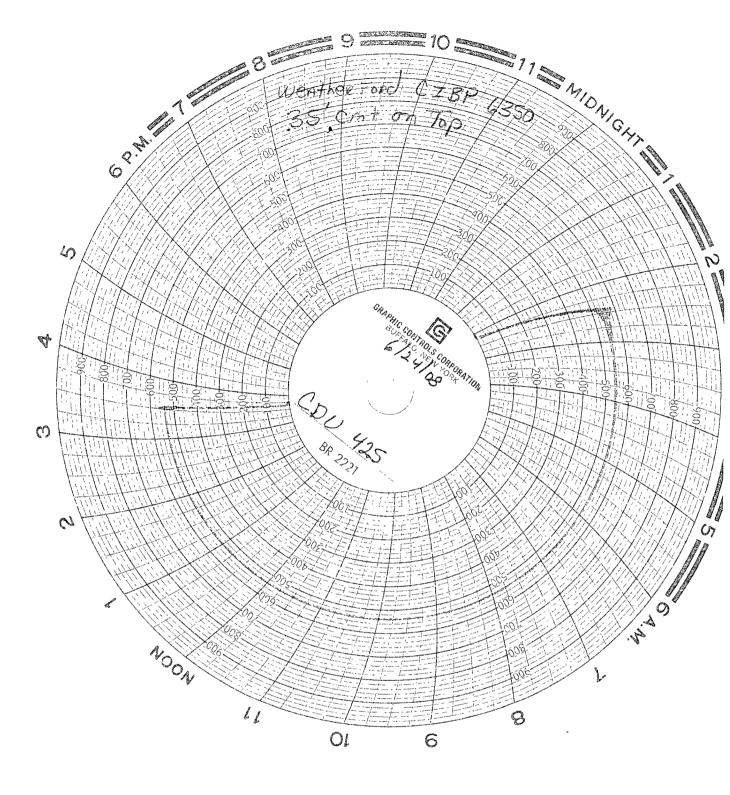
Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004 WELL API NO.
District II 1301 W Grand Ave, Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr, Santa Fe, NM 87505	OIL CONSERVATION 1220 South St. Fra Santa Fe. NM 8	ncis Dr.	30-025-26444  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE "APPLIC		LUG BACK TO A	7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT /
PROPOSALS)  1. Type of Well: Oil Well	Gas Well 🗹 Other /		8. Well Number 425 /
2. Name of Operator CHEVRON U.S.A. INC.	/		9. OGRID Number 4323
3. Address of Operator 15 SMITH ROAD, MIDLAND, TI	EXAS 79705		10. Pool name or Wildcat DRINKARD
4. Well Location			
Unit Letter G: 2310 feet from the NORTH line and 2310 feet from the EAST line			
Section 28 Townshi	·		County LEA
Pit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON ☐ CHANGE PLANS ☐	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS. P AND A
OTHER		OTHER: TEMP	ORARILY ABANDON
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
06-20-08: MIRU. PUMP 30 BBLS 8.6# BRINE DN TBG. 06-23-08: TIH W/CIBP & SET @ 6350. CAP W/35' CMT. TIH W/2 3/8" TBG TO ABOVE CMT @ 6300. 06-24-08: RAN MIT TEST ON CSG W/500 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED). FINAL REPORT.			
WELL IS TEMPORARILY ABANI	DONED.		,
		This Approva Abandonmen	l of Temporary t Expires
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE Demuse	$\mathcal{L}$	Regulatory Specialist	
Type or print name Denise Pinkert For State Use Only	on E-mail address: <u>leakejd@ch</u>	evron.com	Telephone No. 432-687-7375
OC DESTRICT SUPERVISOR/GENERAL MANAGERI III O 3 2			
APPROVED BY:  Conditions of Approved (approved)	TITLE		DATE UL U 3 2008

HOBBS OCD



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