

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.	30-025-25694
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well No.	419
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 ☐

2. Name of Operator  
CHEVRON USA INC

3. Address of Operator  
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location  
Unit Letter XL: 1631' Feet From The SOUTH Line and 260' Feet From The WEST Line  
Section 28 Township 21-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: ☒ RE-PERF, ACIDIZE

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.

10-27-03: MIRU PU. TAG FILL @ 6697'.

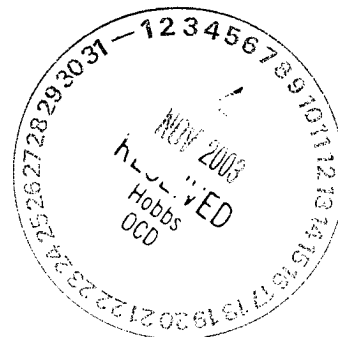
10-28-03: PERF DRINKARD 6485-6504, 6507-6524, 6528-6542, 6547-6559, 6568-6586, 6589-6602. (178 HOLES, 89')

10-29-03: TIH W/SONIC HAMMER. HYDRO TEST TBG TO 5000 PSI. WASH PERFS FR 6485-6618' W/5000 GALS 15% HCL.

10-30-03: PU MA, SN, TBG, & TAC.

10-31-03: TIH W/GAS ANCHOR, INSERT PUMP & RODS. HANG WELL ON & LOAD & TEST. RIG DOWN. TURN WELL OVER TO PRODUCTION.

FINAL REPORT



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 11/5/2003

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Ray W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER  
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

NOV 10 2003