Submit 2 agains	State of	New I	<i>Mexico</i>		- .	0.400
Submit 3 copies to Appropriate District Office	Energy, Minerals and Nat	tural R	esources Department			rm C-103 vised 1-1-89
<u>DÎSTRICT Î</u>	OII CONSERV	\TI	ON DIVISION			
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO	30-025-06903		
Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease		
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III					STATE [FEE 🗸
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / G	Sas Lease No.	
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.						
				7. Lease Name or Unit Agreement Name		
				CENTRAL DRINKARD UNIT		
1. Type of Well: OIL GAS WELL WE						
2. Name of Operator CHEVRON	USA INC			8. Well No.	120	
Address of Operator	ROAD, MIDLAND, TX 79705			9. Pool Name	or Wildcat DRINKARD	.,,,,,,
4. Well Location						·
Unit Letter P :	990' Feet From The _	SOU	TH Line and 330'	Feet From 1	The EAST Line	
	Township21-S			1PM	LEA_ COUN	TY
Mark Services of the Authority of the Control of th	10. Elevation (Show whether DI	F, RKB,	RT,GR, etc.)			
11. Check A	Appropriate Box to Indicate	e Nat	ture of Notice, Report,	or Other D	ata	
NOTICE OF INTENTION	ON TO:		SL	JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	ERATION [PLUG AND ABANDONME	NT
PULL OR ALTER CASING			CASING TEST AND CEMEN	IT JOB		
OTHER:		_ 🗆	OTHER:	PER	FWASH	~
 12. Describe Proposed or Completed Opproposed work) SEE RULE 1103. 11-10-03: MIRU PU. 11-11-03: TAG FOR FILL @ 6610'.TIH 11-12-03: ACID WASH OPEN HOLE V 11-13-03: TAG FILL @ 6585'. TAG FIL 11-14-03: C/O FILL FR 6583-6612'. TIH 11-17-03: PU GAS ANCHOR, INSERT 	I W/2 7/8" TBG TO 6610'. V/SONIC HAMMER FR 6520-6 LL @ 6586'. C/O FILL FR 6577- H W/PERF SUB, SN, TBG, & T	613 W 6583'. AC.	/5000 GALS 15% NEFE H	CL. PUMP SC		•
FINAL REPORT						
				25.25.25.25.25.25.20	031-1234533 030-1234533 030-14	
I hereby certify that the information above is true and complete	<u> </u>	Regu	latory Specialist		DATE11/19/20	003

TITOC DISTRICT SUPERVISOR/GÊNERAL MANAGER DATE

Denise Leake

TYPE OR PRINT NAME

NOV 2125 2003

915-687-7375

Telephone No.