

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.	30-025-06928
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.	138
9. Pool Name or Wildcat	DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3469' GL

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 PERMITS  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>F</u> : <u>1880'</u> Feet From The <u>NORTH</u> Line and <u>2080'</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>21-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3469' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

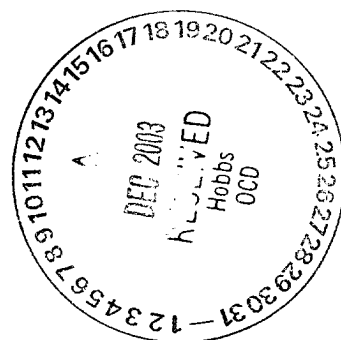
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ ADD PERFS & ACID WASH

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.

11-18-03: MIRU PU.  
11-19-03: PMP 75 BBLS HOT WTR DN TBG. TAG FILL @ 6598'.  
11-20-03: PERF @ 6580-86, 6528-32, 6520-25, 6494-6517, 6487-92, 6481-86.  
11-24-03: SET TAC. TIH W/RDS & PMP. SPACE WELL OUT & HANG ON.



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 12/10/2003  
TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use)

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

DEC 23 2003