## State of New Mexico

Form C-103

Submit 3 copies Energy, Minerals and Natural Resources Department to Appropriate
District Office Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-26448 DISTRICT II Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD. Artesia, NM 88210 STATE 🗸 FEE [ DISTRICT III 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 UNIT (FORM C-101) FOR SUCH PROPOSALS. OIL GAS 1. Type of Well: **~** WELL WELL **OTHER** 8. Well No. 2. Name of Operator 429 CHEVRON USA INC 9. Pool Name or Wildcat 3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705 DRINKARD 4. Well Location Feet From The NORTH Line and 1540' 2500' Feet From The EAST \_ Range\_\_37-E\_ \_NMPM \_ LEA COUNTY Section 32 Township 21-S 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT TEMPORARILY ABANDON PULL OR ALTER CASING CASING TEST AND CEMENT JOB ADD PERFORATIONS 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. 12-01-03: MIRU. PERF @ 6487-6550. ATTEMPT TO PERF 6472-6484. GUN MISFIRED. 12-02-03: PERF 6472-644. TIH W/SONIC HAMMER. TREAT PERFS & OPEN HOLE FR 6472-6517. PUMP SCALE INHIBITOR IN 3 STAGES & FLUSH W/100 BBLS WTR. TOTAL WATER-325 BBLS, ACID-120 BBLS FLUSH, 129 BBLS. (TOTAL 994 BBLS PUMPED) 12-03-03: TAG FILL @ 6598'. TIH W/PERF SUB, SN, TBG, & TAC. EOT @ 6590'. TIH W/PMP & RODS. SPACE WELL OUT & HANG ON. TURN WELL OVER TO PRODUCTION. FINAL REPORT ation above is true and com best of my knywledge and belief. Wake TITLE Regulatory Specialist SIGNATURE //

APPROVED~

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME

Denise Leake

TITLE

OC FIELD REPRESENTATIVE IL/STAFF MANAGENEC 2 3 2003

12/4/2003

915-687-7375

DATE

Telephone No.