Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 June 19, 2008
Energy, Minerals and Natural Resources 1625 N French Dr , Hobbs, NM 88240 District H		WELL	API NO. /-25694
District III 1301 W Grand Ave, Artesia, NM PECELVIE ONSERVATION DIVISION District III 1220 South St. Francis Dr		DIVISION 5. Indi	-23094 cate Type of Lease
District III 1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		ncis Dr.	STATE FEE
1220 9 St Taniols DI, Santa To, 1411		6. Stat	e Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lea	se Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		UG BACK TO A CENT	RAL DRINKARD UNIT 🗸
1. Type of Well: Oil Well Gas Well Other			ll Number 419
2. Name of Operator CHEVRON U.S.A. INC.		9. OG	RID Number 4323
3. Address of Operator	A.G. 2 0 2 0.		ol name or Wildcat
15 SMITH ROAD, MIDLAND, TEXA 4. Well Location	AS 79705	DRIN	KARD
Unit Letter L: 1631 feet from the SOUTH line and 260 feet from the WEST line			
Section 28 Township 2		NMPM	County LEA
	1. Elevation (Show whether DR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBS			ENT REPORT OF: ☐ ALTERING CASING ☐
		COMMENCE DRILLING O	
		CASING/CEMENT JOB	
DOWNHOLE COMMINGLE			•
OTHER:		OTHER: TA STATUS	S WITH CHART
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.			
5-29-09: PRESSURE TEST TO 495 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED). CIBP SET @ 6432'.			
WELL IS TEMPORARILY ABANDONED. This Approval of Temporary Abandonment Expires			
Abandonment Expires			
		hat wat has	106/6
Spud Date:	Rig Release Da	te:	PIADIE
		6-70-07	
I hereby certify that the information abo	eve is true and complete to the he	est of my knowledge and bel	iof
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE WASSE FIN	Keston TITLE RE	GULATORY SPECIALIST	DATE 06-08-2009
Type or print name DENISE PINKERT For State Use Only	ON E-mail address:]	eakejd@chevron.com	PHONE: 432-687-7375
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):			

