

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

NOV 12 2009

HOBBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ✓

30-025-25253

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL DRINKARD UNIT ✓

8. Well Number 415 ✓

9. OGRID Number 4323 ✓

10. Pool name or Wildcat  
DRINKARD ✓

## SUNDRY NOTICES AND REPORTS ON WELLS

(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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ✓

2. Name of Operator

CHEVRON U.S.A. INC. ✓

3. Address of Operator

15 SMITH ROAD, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter I: 2212 feet from the SOUTH line and 1146 feet from the EAST line ✓

Section 28

Township 21-S

Range 37-E

NMPM

County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 12. 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 ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐

OTHER: TEMPORARILY ABANDON

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-07-09: MIRU.

10-08-09: TIH &amp; set CIBP @ 6326'. Dump 35' of cmt on CIBP.

10-09-09: Tag TBG @ 6291.

10-10-09: Perform MIT test on csg. Press to 520 psi for 30 mins. (Original chart & copy of chart attached). (Mark Whitaker, NMOCD Rep notified, but not present)  
Rig down.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary  
Abandonment Expires

11-16-2014

Spud Date:

Rig Release Date:

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

SIGNATURE

*Denise Pinkerton*

TITLE

Regulatory Specialist

DATE 10-21-2009

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

*Tammy W. Hill*

TITLE

DISTRICT 1 SUPERVISOR

DATE

NOV 16 2009

Conditions of Approval (if any)

