

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

NOV 12 2009

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ☒  
30-025-25696

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 422 ☒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 D : 1155 feet from the NORTH line and 1000 feet from the WEST line

Section 33 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 ☐

## SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

10-10-09: MIRU.

10-11-09: TIH &amp; set CIBP @ 6277'. Dump 35' of cmt on CIBP.

10-12-09: Tag CMT @ 6242.

10-13-09: Perform MIT test on csg. Press to 640 psi for 30 mins. (Original chart & copy of chart attached).  
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 D. Section TITLE Regulatory Specialist

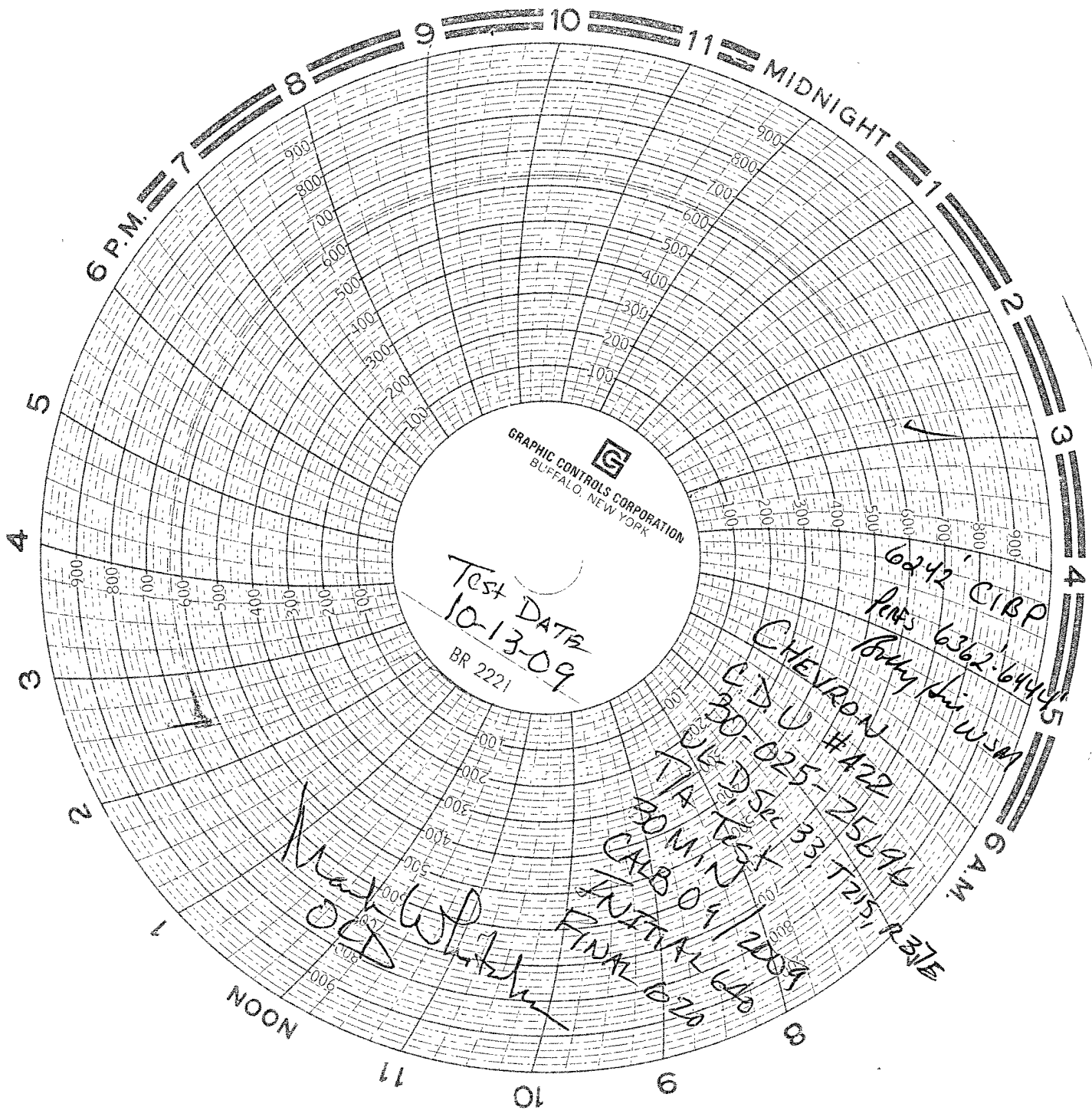
DATE 10-21-2009

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

For State Use Only

APPROVED BY: Cathy M. Hill TITLE **DISTRICT 1 SUPERVISOR** DATE **NOV 16 2009**

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

TEST DATE  
10-13-09  
BR 2221

OK WP  
Signature

CHEVRON  
CDU #422  
30-025-25696  
T25, R37E  
T14, Sec 33  
CALB 09/2009  
INITIAL 640  
FINA 620

6242' CIRP  
PMS 6362' 6444'  
Bury hi W-M