State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-34785 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE x FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease 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.) 1. Type of Well: MONUMENT 13 STATE Oil Well Gas Well 🗷 Other 2. Name of Operator 8. Well No. 29 Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 WILDCAT: DRINKARD 4. Well Location Unit Letter \_\_\_ 1650 feet from the line and feet from the line NMPM. Section 13 Township 198 Range 3ஊ County LFA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3716' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.  $\mathbf{x}$ **PLUG AND** ABANDONMENT **PULL OR ALTER CASING MULTIPLE** CASING TEST AND **CEMENT JOB** COMPLETION 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. SPUDDED 14-3/4" HOLE 12/26/99. DRILLED TO 440'; SET 11-3/4" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 2695', SET 8-5/8" CSG. CMID W/950 SK CL "C", CIRC TO SURF. DRILLED TO 6769', SET 5-1/2" CSG @ 6697'. CMTD W/380 SK CL "C" & 240 SK CL "H", TOC @ 2500'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. **SIGNATURE** \_DATE \_\_\_ 2/8/00 Type or print name J. K. RIPLE Telephone No. (91<u>5)687-7148</u> (This space for State use) APPROVED BY\_ TITLE DATE Conditions of approval, if any: