

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-36868
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well No.	123WI
9. Pool Name or Wildcat	DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3478' KB

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location
Unit Letter M : 660' Feet From The SOUTH Line and 660' Feet From The WEST Line
Section 28 Township 21-S Range 37-E NMPM LEA COUNTY

11. 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ STIMULATE

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.

9-03-02: MIRU PU.
9-04-02: PU BIT, CSG SCRAPER, & 2 3/8" TBG. C/O TO PBTD @ 6625'.
9-05-02: RUN GR/CCL/CNL FR 6625-SURF.
9-06-02: PERF 6553-78, 6581-6605, 6610-6620. TIH WWS TO 6430'. SET PKR. PERFORM MIT TEST 500#-GOOD. NO CSG LEAK ABOVE 6430'.
9-09-02: ACIDIZE PERFS W/2500 GALS 20% HCL & 2000 GALS GELLED 10# W/2000# ROCK SALT. UNSEAT PKR. TIH W/PROD TBG & PKR TO 6469'.
9-10-02: SET PKR @ 6469. CIRC PKR FLUID. ND BOP. PERFORM MIT CSG TEST. CUT CHART 440# FOR 30 MINS. WITNESSED BY OCD E.L.G. TEST GOOD. NU INJ LINE. RIG DOWN. RETURN TO INJECTION.

FINAL REPORTQQ

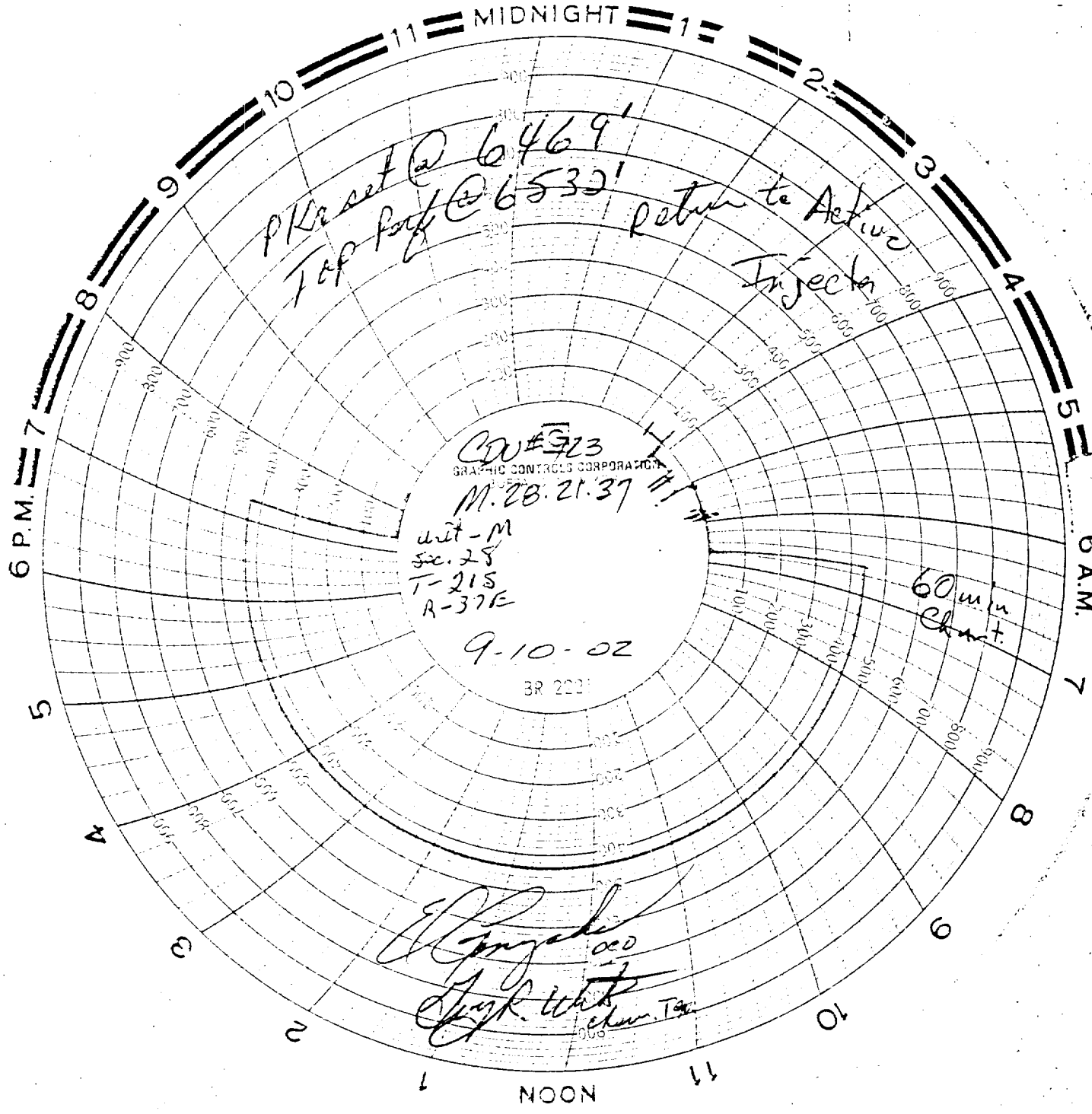
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 10/22/2002
TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

ORIGINAL SIGNED BY CHRIS WILLIAMS OC DISTRICT SUPERVISOR/GENERAL MANAGER
APPROVED OC DISTRICT SUPERVISOR/GENERAL MANAGER
CONDITIONS OF APPROVAL, IF ANY:

DATE

DEC 03 2002



PK set @ 6469'
TAP set @ 6532' return to Active
Inject

CW#523
GRAPHIC CONTROLS CORPORATION
M.28.21.37

Unit - M
Sec. 28
T-215
R-37E

9-10-02

BR 222

60 min
Chart

[Signature] ocd
[Signature] chm. Tex