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LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name Central Drinkard Unit	
8. Farm or Lease Name	
9. Well No. 160	
10. Field and Pool, or WHdcat Drinkard	
12. County Lea	

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection Well

Name of Operator
Chevron U.S.A. Inc.

Address of Operator
P.O. Box 670 Hobbs, NM 88240

Location of Well
UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM
West 29 21S 37E
THE LINE, SECTION TOWNSHIP RANGE NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 3496' DF	12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPMS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER Clean Out and Fix Casing Leak <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>	

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.

Find casing leak and repair same as necessary. Clean out to PBTD @ 6653'.
Reequip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes.
Pump 1000 gallons 15% NEFE HCL down injection tubing. Return well to injection.

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

F. H. Bullock Jr. TITLE Division Drilling Manager DATE 8-27-1986

VED BY [Signature] TITLE [Signature] DATE 8-27-1986

ITIONS OF APPROVAL, IF ANY: