

Submit 3 Copies  
to Appropriate  
District Office

2

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)	30-025-06895
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	CENTRAL DRINKARD UNIT
8. Well No.	108
9. Pool name or Wildcat	DRINKARD
4. Well Location	Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3457' GR

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

1. Type of Well:	OIL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON U.S.A. INC.
3. Address of Operator	P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE
4. Well Location	Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3457' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

**WE PROPOSE TO:**

PLUG #1, SET CIBP @ 6460', W/25 SX CMT ON TOP. (COVERS 5" SHOE)  
PLUG #2, 35 SX CMT F/5000-6000' (COVERS GLORIETTA)  
PLUG #3, PERF 5" CSG @ 3670, SQZ W/100 SX CMT. (COVERS 7" SHOE)  
PLUG #4, 60 SX PLUG 1160-1300' (COVERS SALT ZONE & ACROSS 8-5/8" SHOE)  
PLUG #5, SET 10 SX SURFACE PLUG  
PLACE 9.5 PPG MUD BETWEEN ALL PLUGS.  
PULL DEAD MAN ANCHORS, FILL PITS, LEVEL LOCATION, PLACE P&A MARKER  
AND CHANGE STATUS OF WELL TO PLUGGED AND ABANDONED.

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 8/9/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE Geologist DATE AUG 16 1993

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED

STAMP OF T&E 0024

STAMP OF T&E 0024

STAMP OF T&E 0024