Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-06896

5. Indicate Type of Lease STATE ☐ FEE ☑

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: CENTRAL DRINKARD Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Chevron USA, Inc

8. Well No. 107

3. Address of Operator: PO Box 1150 Midland, Tx [illegible] Attn: E. Doherty Rm [illegible]

9. Pool name or Wildcat: DRINKARD

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 29 Township [illegible] Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Repair Csg, Clean out, Acid'z	☒		

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.

Isolate Csg Leak [illegible] Spot 2 sx sand pct 74 sx matrix cmt plug 3684 3850' Tag Toc @ 366[illegible] [illegible]int 3[illegible]69-3879 Tst sqz to 300 OK TIH RBP @ 6464 C/O [illegible] 13 [illegible] acidize perfs 6579-6659 w/4000 gal 15% NEFE Swab well [illegible] over to prod

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

SIGNATURE E. O. Doherty TITLE TA Dely DATE 2/25/91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY:

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Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 29 Township 21S Range 37E NMPM LEA County

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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. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Repair Csg, Clean out, Acd'z	☒

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.

Isolate csg Leak [illegible] Spot 2 sx sand pct 74 sx matrix cmt plug 3654 3850' Tag Toc @ 3661 [illegible] cmt 3869-3870 Tst sqz to 300 OK TIH RBP @ 6464 c/o fill [illegible] Acdz perfs 6579-6659 w/4000 gal 15% Nefe swab well [illegible] over to prod

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