District Office

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

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

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

8. Well No.
107

3. Address of Operator
P.O. Box 1150 Midland TX 79702 ATTN: ED DOHERTY, RM 4111

9. Pool name or Wildcat
DRINKARD

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The EAST L

Section 29 Township 21S 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: REPAIR CSG, CLEANOUT ACD'Z	☒			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.

ISOLATE CSG LEAK SQZ LEAK D/O CICR & CMT TST SQZ TO 300 psi. ACD'Z PERFS 6579-6659 W/4000 GALS 15% NEFE SWAB BACK PUT WELL BACK ON INJECTION.

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

SIGNATURE E. O. Doherty TITLE Dist'g T.A. DATE 10/26/90

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7817

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: