Submit 3 Copies
to Appropriate
District Office

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)
30-025-06899

5. Indicate Type of Lease STATE [ ] FEE [X]

6. State Oil & Gas Lease No.
N/A

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.)

7. Lease Name or Unit Agreement Name
CENTRAL DRINKARD UNIT

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No.
106

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat
DRINKARD

4. Well Location
Unit Letter B : 1980 Feet From The EAST Line and 660 Feet From The NORTH Line
Section 29 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3475 GL

11. Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTER CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABAN. [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CMT JOB [ ]	
OTHER: [ ]		OTHER: CLEAN OUT & ACIDIZE [X]	

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.

WORK PERFORMED 10-12 THRU 10-16-92
PUMP 60 BBLS HOT WTR W/CHEMICALS DN TBG. CIRC W/FOAM AIR, CLEAN OUT F/6606-6667, CIRC HOLE CLEAN.TST TBG IN HOLE TO 6000PSI TO 6436.
SET PKR @ 6436, ACDZ OPEN HOLE 6521-6667 W.6000 GALS 15% NEFE HCL 1000# GRS IN GEL BW. SWAB . TST PROD TBG IN HOLE TO 5000 PSI.
ND BOP, NU WH & FLWLN. PLACE WELL ON PRODUCTION.

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: 10/27/92

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

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE OCT 29 '92

CONDITIONS OF APPROVAL, IF ANY: