

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) 30-025-06929 | |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. 2606 | |
| 7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT | |
| 8. Well No. 137 | |
| 9. Pool name or Wildcat DRINKARD | |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3468' | |

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.)

| | |
|---|--|
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR | |
| 2. Name of Operator CHEVRON U.S.A. INC. | |
| 3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON | |
| 4. Well Location Unit Letter Section <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>810</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County | |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3468' | |

| | |
|--|--|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| 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: <u>INJ STIM</u> <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input 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.

MIRU, TAG TD @6600'.
ACDZ W/2500 GALS 15% NEFE HCL.
TURN WELL OVER TO PRODUCTION 11/28/95.

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

| | | |
|--|------------------------------------|-----------------------|
| SIGNATURE <u>Wendi Kingston</u> | TITLE <u>TECH. ASSISTANT</u> | DATE: <u>12/20/95</u> |
| TYPE OR PRINT NAME <u>WENDI KINGSTON</u> | TELEPHONE NO. <u>(915)687-7826</u> | |

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE DEC 27 1995

CONDITIONS OF APPROVAL, IF ANY:

25C