Submit 3 Copies to Appropriate 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

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

WELL API NO.
30-025-06942

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.)

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

7. Lease Name or Unit Agreement Name: Central Drinkard Unit

2. Name of Operator: Chevron U.S.A. Inc.

8. Well No. 131

3. Address of Operator: P.O. Box 670 Hobbs NM 88240

9. Pool name or Wildcat: Drinkard

4. Well Location
Unit Letter A : 554 Feet From The North Line and 766 Feet From The East Line
Section 32 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3459' GR

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: C/O fill run inj. profile			☒

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.

8/16/89 Pooh W/tbg TIH W/3 7/8" bit..

8/17/89 C/O scale & fill 6530' to 6620', Circ. well W/pkr. fluid. Tst csg. to 500 psi ok. Well Turned over to prouduction.

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

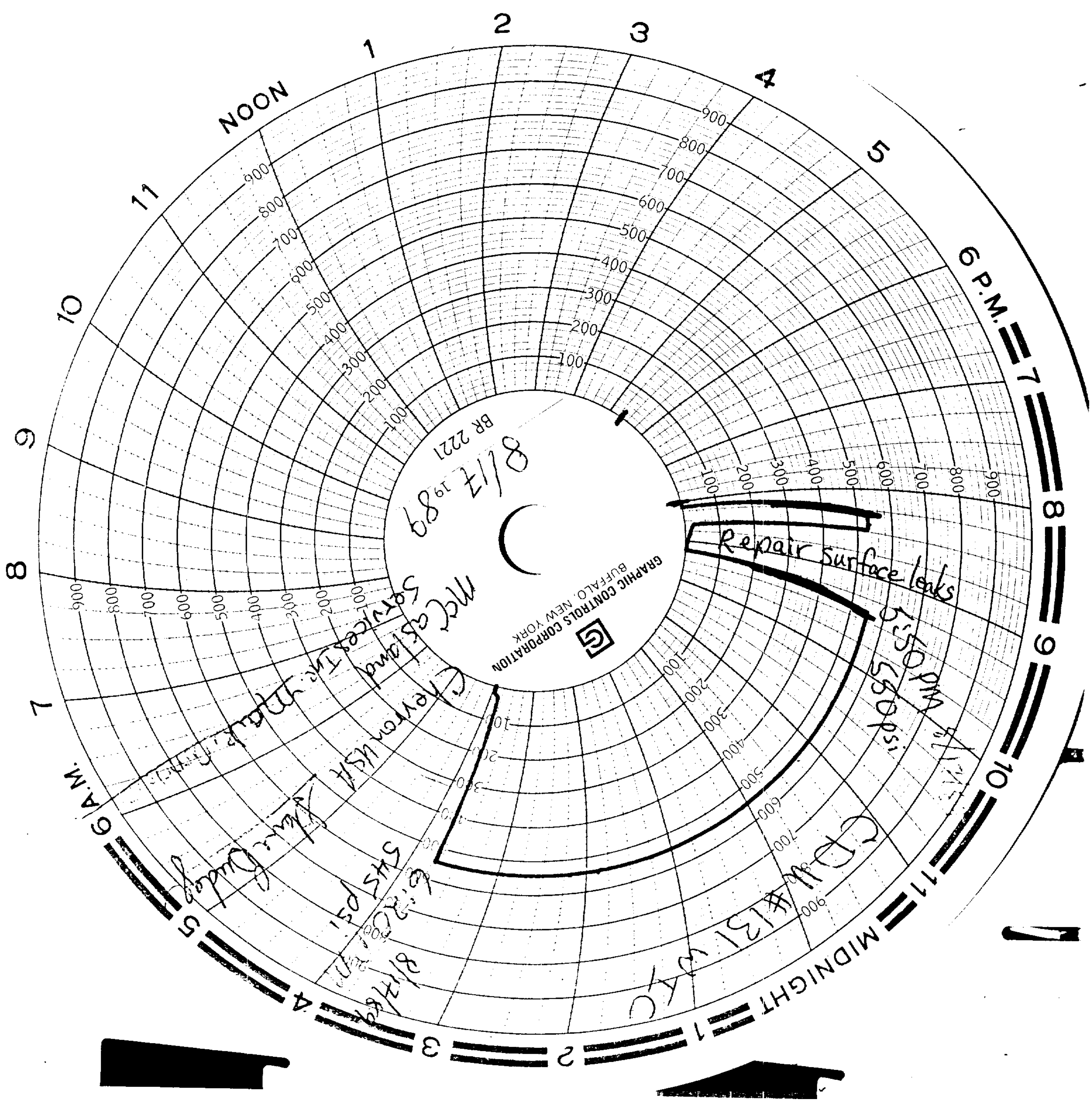
SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 8/21/89

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE AUG 23 1989

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
8/17 19 89
McCasland Services Inc.
Chevron USA
Repair Surface leaks
550 psi
545 psi
NOON
MIDNIGHT
6 A.M.
6 P.M.