

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)	
30-025-06943	
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.	
139	
9. Pool name or Wildcat	
DRINKARD	
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
3463'	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	G
Section	32
Feet From The	1874
Township	21S
Line and Range	NORTH 2086
Feet From The	EAST
NMPM	LEA
County	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: INJ STIM <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 @6633'.  
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	TITLE
<i>Wendi Kingston</i>	TECH. ASSISTANT
DATE: 12/20/95	
TYPE OR PRINT NAME	
WENDI KINGSTON	
TELEPHONE NO. (915)687-7826	
ORIGINAL SIGNED BY JERRY SEXTON	
APPROVED BY	TITLE
DISTRICT SUPERVISOR	
CONDITIONS OF APPROVAL, IF ANY:	
DATE	

DEC 27 1995

BTC