

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) | |
| 30-025-06963 | |
| 6. Indicate Type of Lease | |
| STATE <input checked="" type="checkbox"/> | FEE <input type="checkbox"/> |
| 8. State Oil & Gas Lease No. | |
| 2606 | |
| 7. Lease Name or Unit Agreement Name | |
| CENTRAL DRINKARD UNIT | |
| 8. Well No. | |
| 147 | |
| 9. Pool name or Wildcat | |
| DRINKARD | |
| 10. Elevation(Show whether OF, RKB, RT, GR, etc.) | |
| 3445' | |

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 | K |
| Section | 33 |
| Feet From The | 1980 |
| Township | 21S |
| Range | 37E |
| Line and | SOUTH |
| Feet From The | 1980 |
| NMPM | WEST |
| LEA | County |
| 10. Elevation(Show whether OF, RKB, RT, GR, etc.) | |
| 3445' | |

| | |
|---|--|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| SUBSEQUENT REPORT OF: | |
| REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABAN. <input type="checkbox"/> |
| CASING TEST AND CMT JOB <input type="checkbox"/> | OTHER: <input checked="" type="checkbox"/> |
| OTHER: INJ STIM | |

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 @6589'.
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 | TECH. ASSISTANT | DATE: | 12/20/95 |
| TYPE OR PRINT NAME | WENDI KINGSTON | TELEPHONE NO. | (915)687-7826 | | |

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
CONDITIONS OF APPROVAL, IF DISTRICT SUPERVISOR

DATE **DEC 27 1995**