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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
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Name of Operator
Chevron U.S.A. Inc.

Address of Operator
P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER H 2080 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 33 TOWNSHIP 21S RANGE 37E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3463

7. Unit Agreement Name
Central Drinkard Unit

8. Farm or Lease Name

9. Well No.
144

10. Field and Pool, or Wildcat
Drinkard

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

ORM REMEDIAL WORK	<input checked="" type="checkbox"/>
FORABLY ABANDON	<input type="checkbox"/>
OR ALTER CASING	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIATION WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

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.

It is proposed to clean out, log, perf, acidize and fracture stimulate the Drinkard Zone to increase production.

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

Jerry Sexton

TITLE: Technical Assistant

DATE: 12-5-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DATE: _____

TITLE: _____

DATE: DEC 7 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 22 1988 TO CHIEF OF POLICE
RECEIVED NOV 22 1988

OCD
HOBBS OFFICE