Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-06976 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE \square FEE 😠 Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: CENTRAL DRINKARD UNIT Oil Well 🗶 Gas Well Other 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator DRINKARD P.O. Box 1150 Midland, TX 79702 4. Well Location feet from the_ 660 feet from the line and line Unit Letter __ **NMPM** County LEA Township 215 Range Section 33 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK X **PLUG AND** COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/PROD EQPT. RVRS CIRC FROM 6800'. PERF 6554'-6694' W/4 JHPF. ACZ 6519'-6694' W/3200 CALS 15%. SWAB. RIH W/TBG & SUB PUMP. RETURN WELL TO PRODUCTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 10/29/01 DATE_ Telephone No. Type or print name J. K (This space for State use)

TITLE

S APPROVED BY_

Conditions of approval, if any:

FUGINEER DATE