| Submit 3 Copies To Appropriate District  | State of Ne   | :w Mexico  |  | Form C-  |  |
|--|---|--|--|--|--|
| Office District [  | Energy, Minerals and  | Natural Resources                                    |  | Revised March 25,  |  |
| 1625 N. French Dr., Hobbs, NM 87240  | <del></del>   |  | WELL API N                                   |  |  |
| District [[  | - OIL CONCEDUA  | TION DIVISION  |  | -025-06984   |  |
| 811 South First, Artesia. NM 87210   | OIL CONSERVATION DIVISION  2040 South Pacheco                             |  |  | 5. Indicate Type of Lease                                |  |
| District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505  |   |  | STATI  | ••   |  |
| District IV  | Sama re, I  | CUCTO AVAR.  |  | & Gas Lease No.  |  |
| 2040 South Pacheco, Santa Fe, NM 87505   |   |  | o. State Off &                               | x Gas Lease No.  |  |
| SUNDRY NOTIC<br>(DO NOT USE THIS FORM FOR PROPO<br>DIFFERENT RESERVOIR. USE "APPLIC<br>PROPOSALS.)<br>1. Type of Well:         | CES AND REPORTS ON<br>DSALS TO DRILL OR TO DEE<br>CATION FOR PERMIT* (FOR | EPEN OR PLUG BACK TO A                               | 7. Lease Nan                                 | ne or Unit Agreement Name:                               |  |
| Oil Well Gas Well Other INDECTOR   |   |  | CENTRAL DRI                                  | NKARD UNIT   |  |
| 2. Name of Operator  |   |  | 8. Well No.                                  |  |  |
| Chevron U.S.A. Inc.  |   |  | 143  |  |  |
| 3. Address of Operator   |   | <del>-</del>   | 9. Pool name                                 | or Wildcat   |  |
| P.O. Box 1150 Midland, TX 79   | 9702  |  | DRINKARD                                     |  |  |
| 4. Well Location   |   |  |  |  |  |
| Unit Letter G :  | 2051 feet from the  | NORTH line and                                       | <b>1909</b> fee                              | et from the <b>EAST</b> li                               |  |
| Section 33   | Township 21   | S Range 37E  | NMPM   | County LEA   |  |
|  |   | nether DR, RKB, RT, GR,                              |  | County LEA   |  |
| ie was reposite the second   |   | ON,  |  |  |  |
| 11. Check A  | Appropriate Box to Ind  | licate Nature of Notic                               | e, Report. or C                              | Other Data   |  |
| NOTICE OF INTE   |   |  | =  | REPORT OF:   |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON  | REMEDIAL WORK  |  | ALTERING CASING  |  |
|  | LOGATED ADMIDON   | LI TINEDIAL WORK                                     | •  | ALTERING CASING  |  |
| EMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRIL  | LING OPNS.                                   | PLUG AND   |  |
| ULL OR ALTER CASING  | MULTIDUE  | CASING TEST AN                                       | n  | ABANDONMENT  |  |
| OLL OR ALTER CASING  | MULTIPLE<br>COMPLETION  | CASING TEST AN CEMENT JOB                            | U  |  |  |
|  |   |  |  |  |  |
| OTHER:   |   | OTHER:   |  |  |  |
| <ol> <li>Describe Proposed or Complete of starting any proposed work). or recompilation.</li> <li>9/10/01 - 9/13/01</li> </ol> | SEE RULE 1103. For Mu   | an pertinent details, and altiple Completions: Attac | give pertinent da<br>ch wellbore diagr       | ites, including estimated date am of proposed completion |  |
| DO CMT SURF-367'. PERFD 2  | 3EO/ 3EA/ 57/4 777072 1   | ::::::::::::::::::::::::::::::::::::::               | co   |  |  |
| CLEANED LOCATION.  | 250'-354' W/4 JHPF. 1   | TILLED 5-1/2" W/CMT (                                | 60 SX).                                      |  |  |
| CLEANED IOCATION.  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
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|  |   |  |  |  |  |
| ereby certify that the information above   | is true and complete to the 1   | ant of my least least 11 1                           | :_F  |  |  |
| or in A.   | is true and complete to the b   | est of my knowledge and bel                          | iei.   |  |  |
| GNATURE J. L. REPUL  | 4   | TITLE REGULATORY O.A                                 | <u>.                                    </u> | DATE <b>9/25/01</b>                                      |  |
| <i>V</i>   | (1  |  | <del></del>                                  |  |  |
| De of principality of the particular   | V   |  | Tal  | lenhone No   |  |
|  | <u>/</u>  |  | Tel  | lephone No. (915)687-714                                 |  |
|  |   |  | Te:  | lephone No. (915) 687-714                                |  |
| his space for State use) PPROVED BY  | <u> </u>  | TITLE FLOTE  | Te:  |  |  |
| his space for State use)  PPROVED BY  ponditions of approval, if approval  | ale.  | TITLE Flo Je   | Te   | lephone No. (915) 687-714                                |  |
| his space for State use)   | ala.  | TITLE fld f  | Te   |  |  |