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to Appropriate  
District Office

2

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)   | 30-025-06989          |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>  |                       |
| 6. State Oil & Gas Lease No.   | N/A                   |
| 7. Lease Name or Unit Agreement Name   | CENTRAL DRINKARD UNIT |
| 8. Well No.  | 157                   |
| 9. Pool name or Wildcat  | DRINKARD              |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line<br>Section <u>33</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County |                       |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)  | 3436' GR              |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

|  |  |
|--|--|
| 1. Type of Well:<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/><br>WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                    | 2. Name of Operator<br>CHEVRON U.S.A. INC. |
| 3. Address of Operator<br>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  |  |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line<br>Section <u>33</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County |  |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)  | 3436' GR                                   |

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                            |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTER CASING <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABAN. <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CMT JOB <input type="checkbox"/> |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <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.

WORK PERFORMED 1-25 THRU 1-27-94  
PLUG #1, SET CIBP @ 6490', W/25 SX PLUG 6490-6178.  
PLUG #2, 35 SX CMT F/5303-4867' (COVERS GLORIETTA)  
PLUG #3, PERF @ 3650', UNABLE TO SET PKR, OCD OK'D 25 SX PLUG F/ 3752-3440'  
PERF @ 1250', OCD OK'D 115 SX CMT DN 5" THRU PERFS @ 1250 & UP 5" & 7" ANNULUS.  
TOC 454' & BTM @1250 IN BOTH STRINGS. PERF @ 350', PMP DN 5" & CIRC UP 5 & 7" ANN.  
NO CIRC UP 7" & 9-5/8 ANN.PMP 65 SX DN 5" & UP 7" & CIRC TO SURFACE.  
(9.5 PPG MUD BETWEEN ALL PLUGS)  
PULL DEAD MAN ANCHORS, FILL PITS, LEVEL LOCATION, PLACE P&A MARKER  
CHANGE STATUS OF WELL TO PLUGGED AND ABANDONED.  
OCD REP CHARLIE PERRIN ON LOCATION & OK'D ALL PLUGS

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 2/10/94

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Charlie Perrin TITLE OIL & GAS INSPECTOR DATE APR 05 1994  
CONDITIONS OF APPROVAL, IF ANY: