2 Submit 3 Copies to Appropriate

District Office

State of New Mexico Energy, Minerals and Natural Resources Department Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

| Santa | Fe, | New | Mexico | 87504-2088 |
|-------|-----|-----|--------|------------|

| Santa Fe, New Mexico 87504-208 | 3 | | | | |
|--|--|--|--|--|--|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II | API NO. (assigned by OCD on New Wells) | | | | |
| P.O. Drawer Dd, Artesia, NM 88210 | 30-025-06993 | | | | |
| DISTRICT III | 5. Indicate Type of Lesse | | | | |
| 1000 Rio Brazos Rd., Aztec, Nm 87410 | STATE FEEX | | | | |
| | 6. 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 B. | ACK 7. Lease Name or Unit Agreement Name | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" | | | | | |
| (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: | CENTRAL DRINKARD UNIT | | | | |
| OIL GAS | | | | | |
| WELL X WELL OTHER | | | | | |
| 2. Name of Operator | 8. Well No. | | | | |
| CHEVRON U.S.A. INC. | 156 | | | | |
| 3. Address of Operator | 9. Pool name or Wildcat | | | | |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE | DRINKARD | | | | |
| 4. Well Location Unit Letter 0 : 589 Feet From The SOUTH Line a | and 1909 Feet From The EAST Line | | | | |
| Section 33 Township 21S Range | | | | | |
| 10. Elevation(Show whether DF, RKB, RT, GR, | | | | | |
| 3456' GR | | | | | |
| 11 Check Appropriate Box to Indecate Nature of Notice, Report, or | | | | | |
| F | T REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL WORK | ALTER CASING | | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. | PLUG AND ABAN. | | | | |
| PULL OR ALTER CASING CMT JOB | | | | | |
| OTHER: OTHER: | | | | | |
| | | | | | |
| Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, includesticated date of starting any proposed work) SEE RULE 1103. | ing | | | | |
| Constitution of the starting any proposed many one more proposed many of the more prop | | | | | |
| WE PROPOSE TO: | | | | | |
| PLUG #1, SET CIBP @ 6500', W/25 SX CMT ON TOP. (COVERS | 5-1/2" SHOE) | | | | |
| PLUG #2, 35 SX CMT F/5020-6020' (COVERS GLORIETTA) | | | | | |
| PLUG #2, 35 3X CMT 1/3020-6020 (COVERS GLORIETTA) PLUG #3, PERF 5-1/2" CSG @ 3850, SQZ W/50 SX CMT. (COVERS 8-5/8" SHOE) | | | | | |
| PLUG #4, PERF @ 250', SQZ W/65 SX PLUG 1150-1300' (COVERS SALT ZONE) | | | | | |
| CIRCULATE TO SURFACE. | INS SALT ZONE | | | | |
| | | | | | |
| PLUG #5, PERF @ 250', SQZ 100 SX PLUG 350-SURFACE (COVERS 13-3/8" SHOE) | | | | | |
| PLACE 9.5 PPG MUD BETWEEN ALL PLUGS. | 5.50 | | | | |
| PULL DEAD MAN ANCHORS, FILL PITS, LEVEL LOCATION, PLAC | | | | | |
| AND CHANGE STATUS OF WELL TO PLUGGED AND ABANDONE | :D. | | | | |
| | | | | | |
| | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| SIGNITURE TECHNICAL ASSISTANT | DATE: 8/9/93 | | | | |
| TYPE OR PRINT NAME NITA RICE | TELEPHONE NO. (915)687-7436 | | | | |
| | 10.0703.7.00 | | | | |
| Orig. Signed by | DITE | | | | |
| APPROVED BY Paul Kautz TITLE CONDITIONS OF APPROVAL, IF ANGEOLOGIST | DATE 1 0 4000 | | | | |
| | AUG 1 6 1993 | | | | |
| THE COMMISSION MUST BE NOTIFIED 24 | · - | | | | |

HOURS PRIOR TO THE ELCINTHING OF TO BE APPROVED