Submit 3 copies to Appropriate District Office	F	y, Minerals and Natura⊢R	esources Department		_	n C-103 ised 1-1-8	
<u>DISTRICT I</u>	OIL	CONSERVATI	ON DIVISION	WELL API NO.	· · · · · · · · · · · · · · · · · · ·		
P.O. Box 1980, Hobbs, NVI 88240		P.O. Box 208	8		30-025-25223		
DISTRICT II		Santa Fe, New Mexic	87504-2088	5. Indicate Typ	e of Lease		
P.O. Box Drawer DD, Artesia, NM 88	3210	,			STATE 🗸	FEE [
DISTRICT III	140			6. State Oil / G	as Lease No.		
1000 Rio Brazos Rd., Aztec, NM 874		AND DEDODES ON WEL	1.0			Article (1800 Cens	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE PEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS					7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT		
	GAS WELL	OTHER					
2. Name of Operator CHEVRO	8. Well No. 412						
3. Address of Operator 15 SMIT	H ROAD, MI	DLAND, TX 79705		9. Pool Name or Wildcat			
4. Well Location					DRINKAFID		
Unit LetterA:	670	Feet From The NCR	TH Line and 270	Feet From T	he <u>EAST</u> Line		
Section 25	Towns	hip 21-S F	Range <u>37-E</u> N	MPM	LEA COUNT	Y	
	10. Ele	evation (Show whether DF, RICB	RT,GR, etc.) 3482' GL				
^{11.} Chec	k Appropri	ate Box to Indicate Na	ure of Notice, Repor	t, or Other D	ata		
NOTICE OF INTEN			!	UBSEQUEI	NT REPORT OF:		
PERFORM REMEDIAL WORK			REMEDIAL WORK		ALTERING CASING	_ [_]	
TEMPORARILY ABANDON	CHANGE	E PLANS	COMMENCE DRILLING OF	_	PLUG AND ABANDONMEN	/I	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB				
OTHER:			OTHER:	REQUES	T TA STATUS		
Describe Proposed or Completed proposed work) SEE RULE 1103		(Clearly state all pertinen∵d	etails, and give pertinent	dates, including	estimated date of starting	any	
12-03-02: MIRU PU. 12-04-02: TIH W/CIBP & SET @ 64 (ORIGINAL CHART & COPY OF CH			IART TO 600 PSI-CHAR	T GOOD.			
WELL IS TEMPORARILY ABANDO	NED.						
		10.25 1,000	ival of Temper of Expires	Wy /	/		
		- Canadian	mi Expires	12/19	07		
				The second second	The second secon		
			•				

I hereby certify that the information above is true and con	X 20 60		egulatory Specialist		
SIGNATURE / MULE	Denise Leake	TITLE K	ejuliatory Opecialist	DATE Telephone No.	12/17/2002 915-687-7375
TYPE OR PRINT NAME (This space for State Use)	1 1			DE	1.1 6 (102
APPROVED CONDITIONS OF APPROVAL, IF ANY:	TITLE	, \$.I	La		1 0 e i 112

DeSoto/Nichols 12-93 ver 1.0