Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-25549 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE | FEE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 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 X Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 DRINKARD 4. Well Location 2575 SOUTH 1305 Unit Letter __ feet from the line and feet from the line Section Township 215 Range **NMPM** County I.F.A 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND PULL OR ALTER CASING MULTIPLE **CEMENT JOB** COMPLETION OTHER: OTHER: PB 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. SQZD 6347'-6438' W/200 SX CMT TO 2000 PSI. DO CMT TO 6441'. TSID TO 500 PSI. CO WEILBORE TO 6646'. CURC CLEAN. PERFD 6501'-6595' W/4 JHPF. SWABBED. ACZD 6501'-6595' W/3000 GALS 15% & 140 RONB'S. SWAEBED. RIH W/TBG, FUMP & RODS; TBG @ 6586'. RETURNED WELL TO PRODUCTION IN DRINKARD OIL. WORK PERFORMED 1/26/01 - 2/12/01

TITLE REGULATORY O.A.

TITLE

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

SIGNATURE

Type or print name J. K. RIPLEY

(This space for State use)

Conditions of approval, if any:

APPROVED BY

 \mathbf{x}

__DATE____**3/19/01**

Telephone No. (915) 687-7148

DATE