to Appropriate
District Office

Energy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-26446

5. Indicate Type of Lease STATE ☐ FEE ☒

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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Central Drinkard Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER:

2. Name of Operator: Chevron U.S.A. Inc.

8. Well No. 427

3. Address of Operator: P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat: Drinkard

4. Well Location
Unit Letter G : 2530 Feet From The North Line and 2430 Feet From The East Lin
Section 29 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3447

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	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: Cleanout Fill & Acidize	☒			OTHER:			☐

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.

CLEANOUT TO TD @ 6612', ACIDIZE OH 6550-6612.

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

SIGNATURE M. E. Akins 2/28/90 TITLE Staff Drlg. Engr. DATE 2-28-90

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY Eddie W. Seay Oil & Gas Inspector TITLE DATE MAR 02 1990

CONDITIONS OF APPROVAL, IF ANY: