Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-26450 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE x 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. 431 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 DRINKARD 4. Well Location Unit Letter 2493 feet from the SOUTH line and\_ 2392 feet from the\_ line Section 33 Township 21S Range **NMPM** County LEA 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 PULL OR ALTER CASING MULTIPLE CASING TEST AND **CEMENT JOB** COMPLETION OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/PROD EOPT. SET CIBP @ 6200' - SPOTTED 25 SX CMT ON TOP; TAGGED @ 6080'. SPOTTED 25 SX CMT @ 4400'. SPOTTED 25 SX CMT @ 2430'. SPOTTED 25 SX CMT @ 1290'; TAGGED @ 930'. SPOTTED SURF PLUG. FILLED 5-1/2" CSG W/CMT. SET MARKER, CLEANED LOCATION. P&A'D 9/24/01

X

DATE

I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY O.A. \_DATE \_\_ 10/8/01 Type or print name Telephone No. (915)687-7148 (This space for State use TITLE

APPROVED BX Conditions of approval, if ¿ GWW