

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	WELL API NO. <b>30-025-26451</b>
2. Name of Operator <b>Chevron U.S.A. Inc.</b>	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator <b>P.O. Box 1150 Midland, TX 79702</b>	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>P</b> : <b>110</b> feet from the <b>SOUTH</b> line and <b>150</b> feet from the <b>EAST</b> line Section <b>29</b> Township <b>21S</b> Range <b>37E</b> NMPM County <b>LEA</b>	7. Lease Name or Unit Agreement Name: <b>CENTRAL DRINKARD UNIT</b>
8. Well No. <b>432</b>	
9. Pool name or Wildcat <b>DRINKARD</b>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>DEEPEMED</b> <input checked="" type="checkbox"/>

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 recompletion.

POH W/PROD EQPT. SQZD 6297'-6360' W/250 SX CMT; OBTAINED 2700 PSI PRESS. PRESSURED CSG TO 500 PSI - OK; PRESSURED TBG TO 1500 PSI - OK. DO CMT TO 6428', CO TO 6443'. TSTD CSG TO 500 PSI - OK. DO CIBP & CMT TO 6498'. TSTD CSG TO 500 PSI - OK. DO CMT TO 6530'. DRLD TO 6655'. CIRC CLEAN. PERFD 6460'-6521' W/4 JHPF. SWABBED. ACZD 6451'-6521' & OH W/4000 GALS 15%. SWABBED. RIH W/TBG, PUMP & RODS; TBG @ 6603'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 9/26/00 - 10/25/00

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 11/29/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: