

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 0d, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)  
30-025-21625

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
N/A

7. Lease Name or Unit Agreement Name  
HUGH

8. Well No.  
8

9. Pool name or Wildcat  
DRINKARD

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

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

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location  
Unit Letter E : 2030 Feet From The NORTH Line and 560 Feet From The WEST Line  
Section 14 Township 22S Range 37E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)  
3366' GL

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTER CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐  
CASING TEST AND CMT JOB ☐  
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.

WE PROPOSE TO:

MIRU PU, ND WH, NU BOP. POH W/PROD TBG. RIH & PERF @ 1320, SET BP @ 1600' +-,  
PUT 10' SD ON BP, SQZ CSG LEAK F/1320-SURFACE. TST CSG TO 500PSI.  
PULL BP, CLEAN OUT TO 6519' PBTD & RETURN TO PRODUCTION

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

SIGNATURE \_\_\_\_\_ TITLE TECHNICAL ASSISTANT DATE: 8/5/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Paul Kautz TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF Geologist

AUG 09 1993