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to Appropriate
District Office

2

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 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

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.)		API NO. (assigned by OCD on New Wells) 30-025-25519														
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>														
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A														
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name DRINKARD "B"														
4. Well Location Unit Letter 0 : 880 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 30 Township 22S Range 38E NMPM LEA County		8. Well No. #5														
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3330' GR		9. Pool name or Wildcat BRUNSON DRINKARD-ABO, SOUTH														
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																
<table border="0"><tr><td>NOTICE OF INTENTION TO:</td><td>SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td></tr><tr><td>OTHER: ACIDIZE <input checked="" type="checkbox"/></td><td>OTHER: <input checked="" type="checkbox"/></td></tr><tr><td>PLUG AND ABANDON <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>CHANGE PLANS <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr></table>			NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: ACIDIZE <input checked="" type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
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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, ACDZ W/37,500 GALS 60% QUALITY CO2 FOAMED 15% NEFE ACID.
SWAB/FLOW BACK. TURN OVER TO PRODUCTION

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

SIGNATURE

Nita Rice

TITLE

TECHNICAL ASSISTANT

DATE: 8/24/93

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

DATE

AUG 26 1993