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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION District Office P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT ! P.O. Box 1980, Hobbs, NM 88240 API NO. (assigned by OCD on New Wells) DISTRICT II 30-025-25519 P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III 5. Indicate Type of Lease STATE FEE X 1000 Rio Brazos Rd., Aztec, Nm 87410 6. State Oil & Gas Lease No. N/A SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 7. Lease Name or Unit Agreement Name **DRINKARD (NCT-B)** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL GAS WELL WELL OTHER X 8. Well No. 2. Name of Operator CHEVRON U.S.A. INC. 5 9. Pool name or Wildcat 3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS **BRUNSON DRINKARD-ABO, SOUTH** 4. Well Location 880 Feet From The SOUTH 1980' **EAST** 0 Feet From The Line and Unit Letter 38E LEA NMPM County Township Range 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3330' GE Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTER CASING PERFORM REMEDIAL WORK PLUG AND ABAN. COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CMT JOB **PULL OR ALTER CASING** COMPLETE IN NEW FIELD OTHER: 12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including stimated date of starting any proposed work) SEE RULE 1103. MIRU ON 6-21-93. DRESSED OFF CMT. PLUG AT 6758' KICKED OFF BIT AT 6758' TO DRILL CURVE SECTION. **DRILLED LATERAL SECTION 433'.** SPOTTED ACID IN WELL W/15% HCL. FLOW WELL BACK. TH WITH 2 7/8" TBG. AND PACKER SET @ 7180' . TIH WITH RODS & PUMP. BEGAN PRODUCING ON 6-29-93. COMPLETED IN THE SOUTH BRUNSON DRINKARD ABO FIELD. NEW TD AT 7197'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TECH. ASSISTANT 7/14/93 DATE: SIGNATURE TITLE

P.R. MATTHEWS

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISION

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

Constants Constants

TELEPHONE NO. (915)687-7812

DATE