

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

**HOBBS OCD**  
**JUL 25 2016**  
**RECEIVED**

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 3002535976
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST TEAS YATES SEVEN RIVERS U
8. Well Number 443
9. OGRID Number 147179 / 4323
10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 ☐ Gas Well ☐ Other ☐

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

3. Address of Operator  
15 SMITH ROAD MIDLAND, TX 79705

4. Well Location  
Unit Letter 1 : 1855 feet from the S line and 660 feet from the E line  
Section 4 - Township 20S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3557 GR'

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input checked="" type="checkbox"/> Intent to Repair	OTHER:

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**\*\*PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING\*\***

Spud Date:

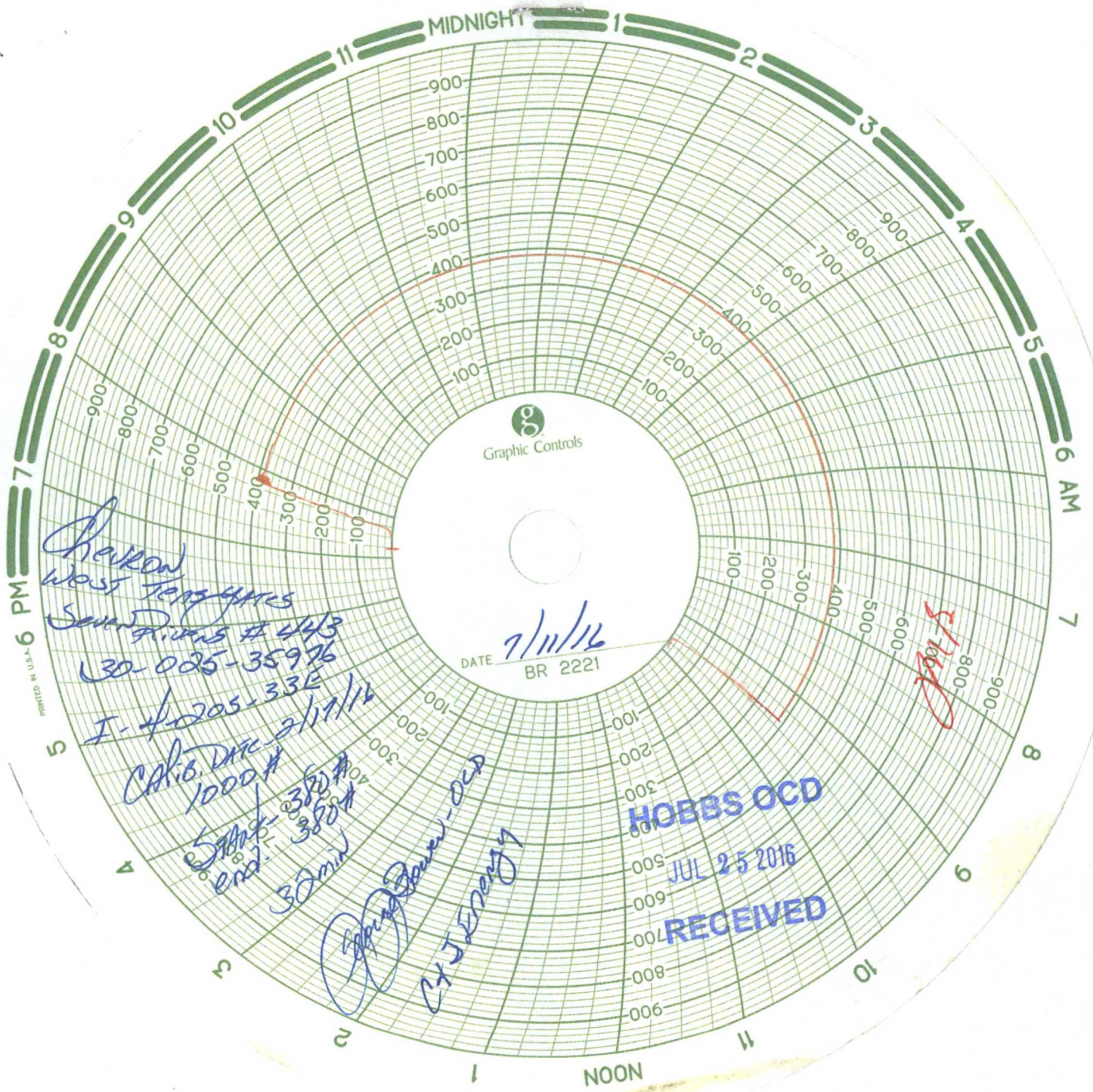
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: 7-20-16

Type or print name: **Adriann Garcia** E-mail address: **Adriann.Garcia@chevron.com** PHONE: **432-687-7617**

For State Use Only

APPROVED BY: [Signature] TITLE: Compliance Officer DATE: 7/28/16  
Conditions of Approval (if any):



START - 380 #  
END - 380 #

OK  
CMB

JUL 25 2016

RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>Chevron U.S.A, INC</b>	<sup>3</sup> API Number <b>3002535976</b>
Property Name <b>WEST TEAS YATES SEVEN RIVERS UNIT</b>	Well No. <b>443</b>

<sup>7</sup> Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
I	04	20S	33E		1855	S	660	E	LEA

Well Status

Well Status <i>Active</i>	SHUT-IN <i>no</i>	PRODUCING <i>IN</i>	DATE <i>7/11/16</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Prod	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	NA	NA	<i>φ</i>	<i>30</i>
Flow Characteristics					<i>WTR</i>
Puff	Y / <i>N</i>	Y / N	Y / N	<i>Y</i> / N	
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:	INJECTING AT THIS TIME ____ WTR, ____ GAS, ____ CO2
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Signature: <i>Chris Phillips</i>	OIL CONSERVATION DIVISION
Printed name: CHRIS PHILLIPS	Entered into RBDMS
Title: PRODUCTION SPECIALIST SUB SURFACE	Re-test
E-mail Address: CPIV@CHEVRON.COM	
Date: <i>7/11/16</i>	
Phone: 307-705-6406	
Witness: <i>[Signature]</i>	