

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., Artesia, NM 88210
District IV - (505) 473-4460
1220 S. St. Francis, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-32772
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 DOLLARHIDE DRINKARD UNIT
8. Well Number #151
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE;TUBB-DRINKARD

STANDARD 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION	
2. Name of Operator CHEVRON USA INC	
3. Address of Operator 1616 W. BENDER BLVD HOBBS, NM 88240	
4. Well Location Unit Letter <u>B</u> : <u>640</u> feet from the <u>NORTH</u> line and <u>2000</u> feet from the <u>EAST</u> line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3158' GL	

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"/>	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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: TA STATUS/MIT CHART <input checked="" type="checkbox"/>	

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.

03/05/2020 TEST CASING TO 580 PSI FOR 32 MINUTES. WITNESSED BY G. BOLTON /NMOCD.

ORIGINAL MIT CHART IS ATTACHED WITH A COPY.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 8-19-20
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: [Signature]

Spud Date:

[]

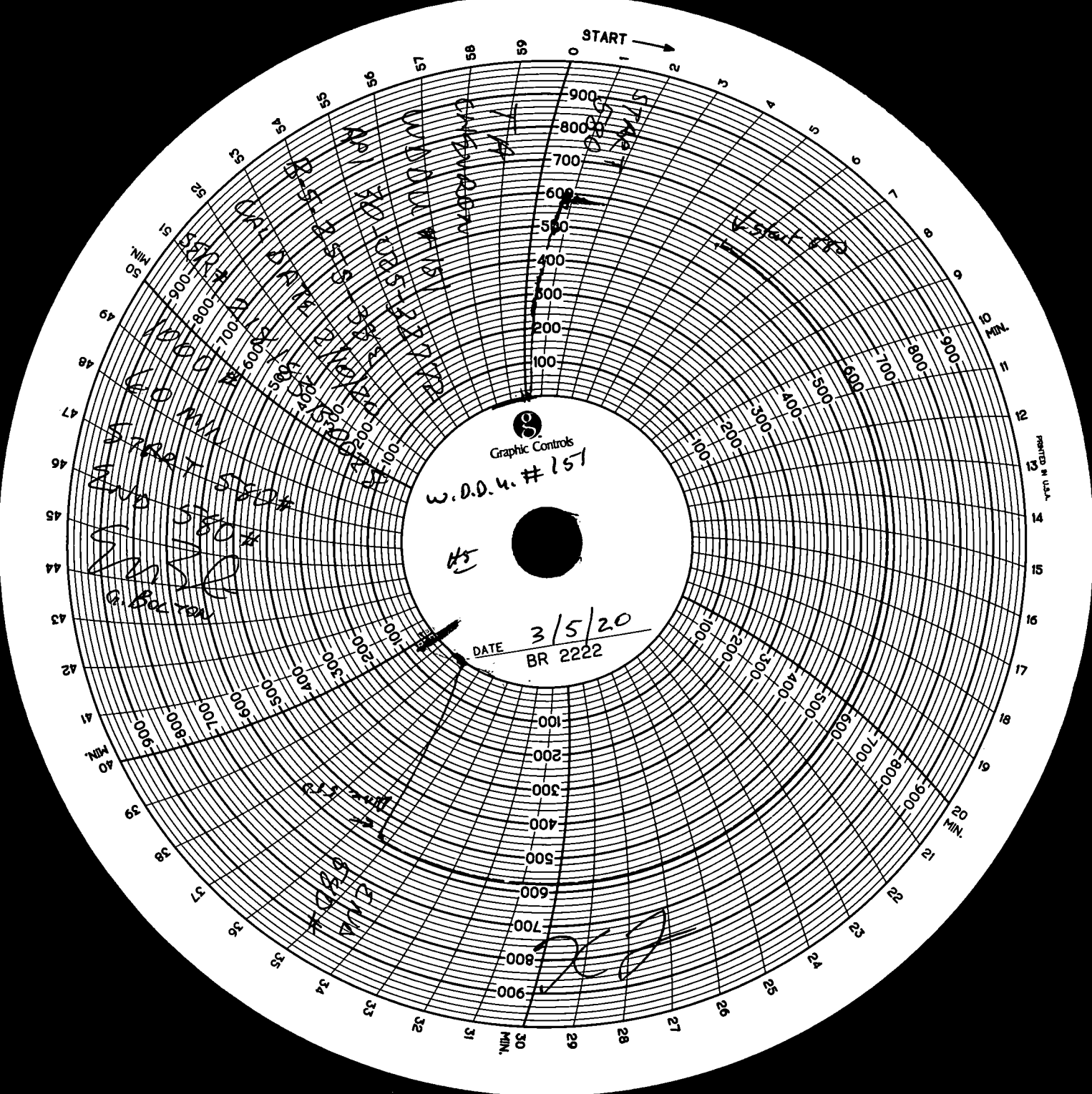
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 03/09/2020

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Kerry Fort TITLE CO A DATE 3-11-20
Conditions of Approval (if any):



START

Graphic Controls

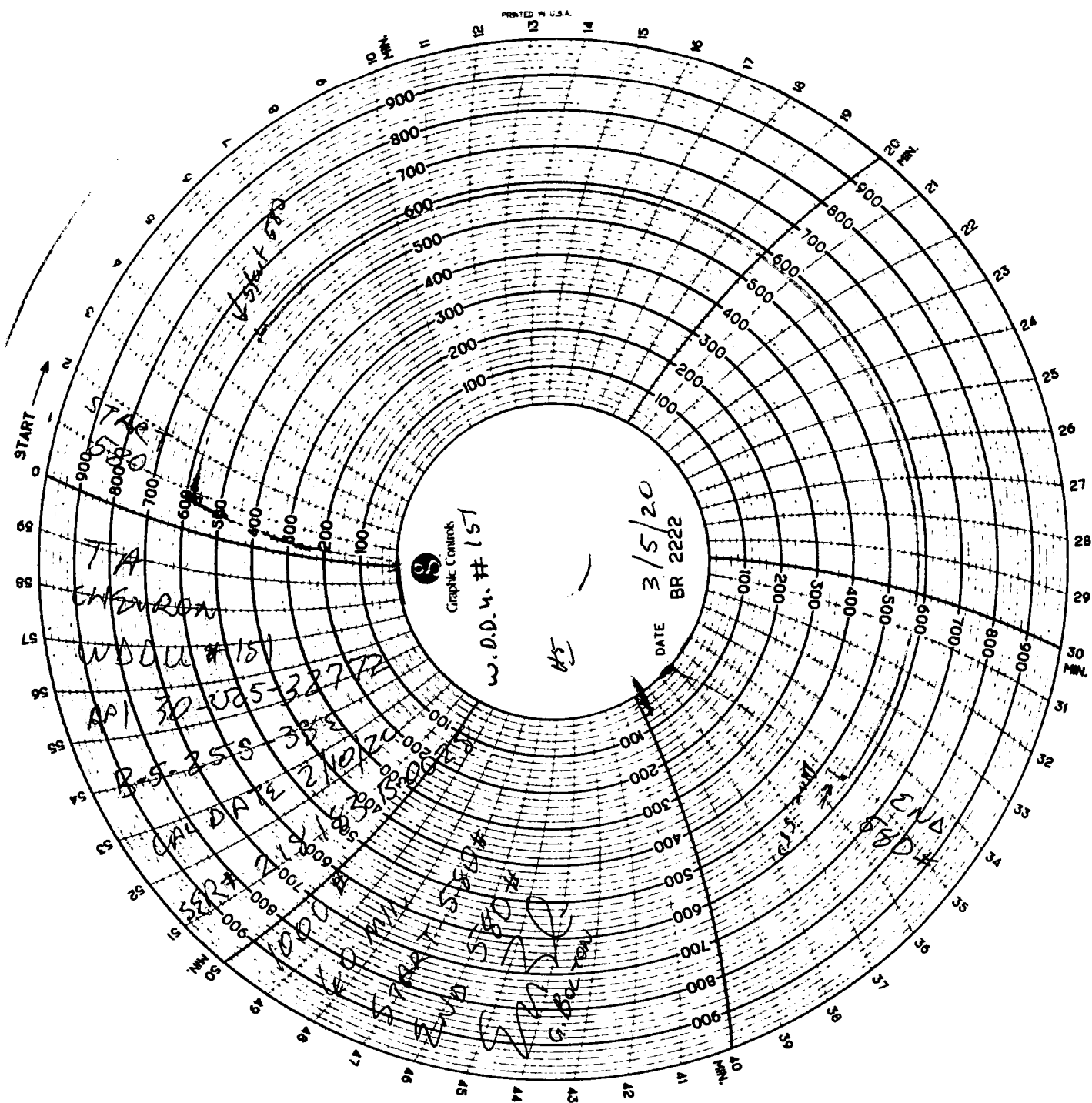
W.D.O. # 151

45

DATE 3/5/20
BR 2222

PRINTED IN U.S.A.

Chemical Service. Co.
A.R. Condon



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

BRADENHEAD TEST REPORT

Operator Name CHEVRON	API Number 30-025-32772
Property Name WDDU	Well No. 151

2. Surface Location

UL - Lot B	Section 05	Township 25S	Range 38E	Feet from 640	N/S Line N	Feet From 2000	E/W Line E	County LEA
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL NO	<input checked="" type="checkbox"/> YES SHUT-IN NO	<input checked="" type="checkbox"/> INJ INJECTOR SWD	OIL PRODUCER GAS	DATE 3/5/20
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			0	NONE
Flow Characteristics					
Puff	Y / (N)	Y / N	Y / N	Y / (N)	CO2 _____ WTR _____ GAS _____ Type of Fluid Injected for Waterflood if applies
Steady Flow	Y / (N)	Y / N	Y / N	Y / (N)	
Surges	Y / (N)	Y / N	Y / N	Y / (N)	
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	
Gas or Oil	Y / (N)	Y / N	Y / N	Y / (N)	
Water	Y / (N)	Y / N	Y / N	Y / (N)	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

TA

Signature: Luis C Espinoza		OIL CONSERVATION DIVISION	
Printed name: Luis C Espinoza		Entered into RBDMS	
Title: PSO		Re-test [Signature]	
E-mail Address: LEspinoza@Chevron.com			
Date: 3-5-20	Phone:		
Witness: G. Bolton [Signature]			

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.