

HOBBS OCD

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

AUG 03 2016

BRADENHEAD TEST REPORT

Operator Name Chevron U.S.A., Inc		API Number 30-025-06893	
Property Name Central Driekard Unit		Well No. 160	

Surface Location

UL - Lot E	Section 29	Township 21	Range 31	Feet from 1900	N/S Line N	Feet From 660	E/W Line W	County
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Well Status

Well Status Active	SHUT-IN YES	PRODUCING	DATE 5-24-16
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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-Intern	(B) Intern (1)-Intern (2)	(C) Intern-Prod	(D) Prod-Tubing	(E) Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	<input type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	

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

CLEAR N/A	FRESH N/A	SALTY N/A	SULFUR N/A	BLACK N/A
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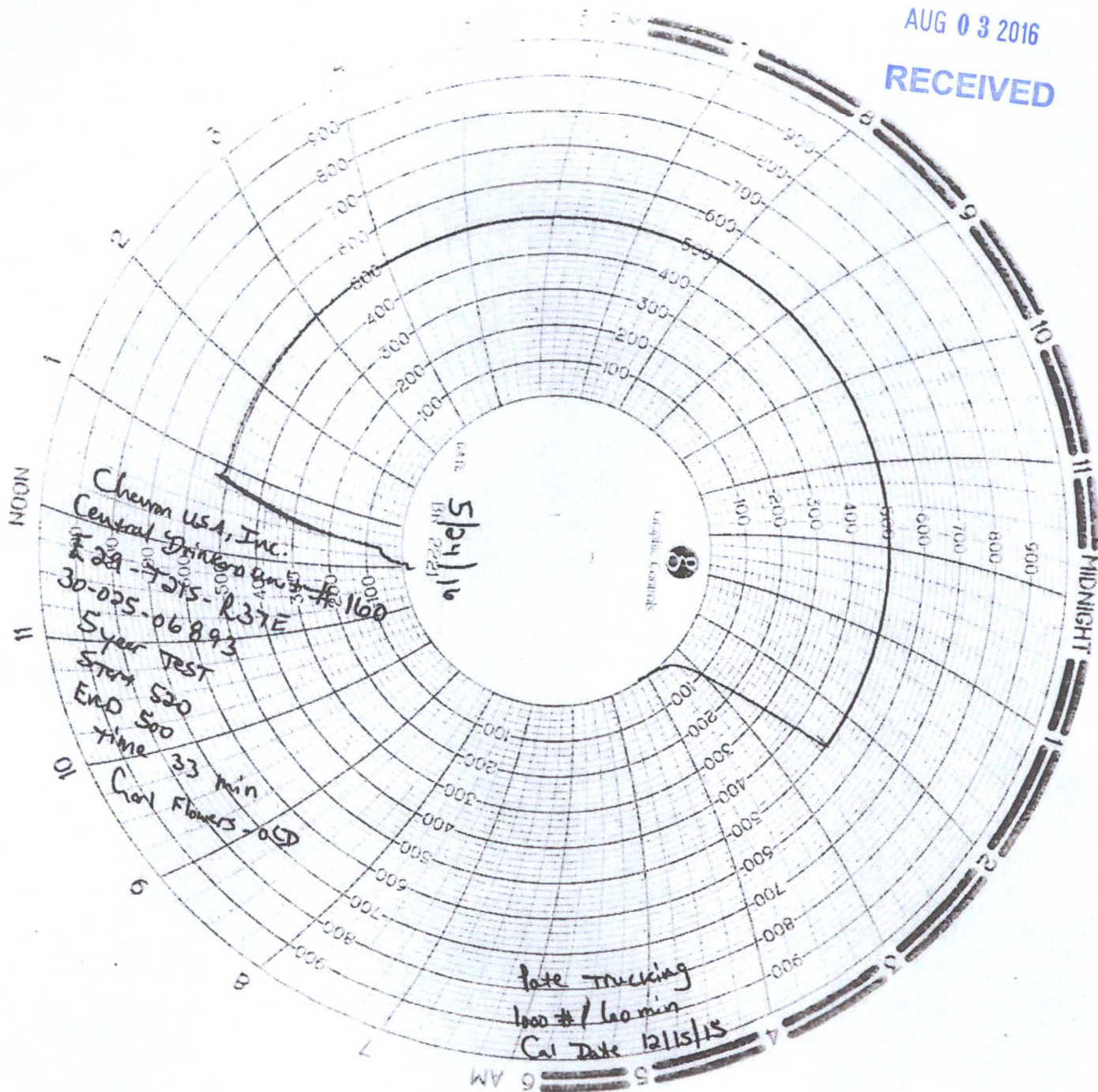
Remarks:

Signature: Emanuel Jimenez		OIL CONSERVATION DIVISION	
Printed name: Emanuel Jimenez		Entered into RBDMS	
Title: SSPS		Re-test	
E-mail Address: Emanuel Jimenez			
Date: 5-24-16	Phone: 575-631-9139		
Witness: Carol Flores			

HOBBS OCD

AUG 03 2016

RECEIVED



start - 520 #
end - 500 #

GMB

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

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OIL CONSERVATION DIVISION
4220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

3002506893

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL DRINKARD UNIT

8. Well Number 160

9. OGRID Number 432

10. 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator

CHEVRON U.S.A.

3. Address of Operator

6301 Deauville Blvd Midland, TX 79706

4. Well Location

Unit Letter_E_: 1980 feet from the _N_ line and 660 feet from the _W_ line

Section 29 Township 21 S Range 37 E NMPM County LEA

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

12. 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 ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ANNUAL MIT TEST ☒

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.

CHEVRON HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.

CHART ATTACHED.

PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING

Spud Date:

Rig Release 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: 07/27/2016

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

For State Use Only

APPROVED BY: George Beaman TITLE: Compliance Officer DATE: 8/5/16

Conditions of Approval (if any):