

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

AUG 03 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Chevron	API Number 30-025-06920 ✓
Property Name Central Drinkard Unit	Well No. 135 ✓

Surface Location									
UL - Lot A	Section 31	Township 21S	Range 37E	Feet from 330	N/S Line FNL	Feet From 330	E/W Line FEL	County LEA	

Well Status									
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 7-22-16					

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Ø	Ø	—	Ø	Ø
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
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.

Signature: Emanuel Jimenez	OIL CONSERVATION DIVISION
Printed name: Emanuel Jimenez	Entered into RBDMS
Title: SSPS	Re-test Ø
E-mail Address: EOCD @ Chevron. Com	
Date: 7-22-16	
Phone: 575-1631-9139	
Witness: J. Bower	

INSTRUCTIONS ON BACK OF THIS FORM

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

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

AUG 03 2016

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

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WELL API NO. 3002530721 06920 gmb.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Central Drinkard Unit
8. Well Number 135
9. OGRID Number 4323
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> IWS	
2. Name of Operator CHEVRON U.S.A.	
3. Address of Operator 6301 Deauville Blvd Midland, TX 79706	
4. Well Location Unit Letter A: 330 feet from the N line and 330 feet from the E line Section 31 - 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:	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 type="checkbox"/>	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.

7-27-2016: MIT for repair LOV received May 25, 2016. Good test.

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: 7/27/2016

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

For State Use Only

APPROVED BY: [Signature] TITLE: Compliance Officer DATE: 8/5/16
Conditions of Approval (if any):