

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

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

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.)		WELL API NO. 3002530827
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJ.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A.		6. State Oil & Gas Lease No. B-9613
3. Address of Operator 15 SMITH ROAD MIDLAND, TX 79705		7. Lease Name or Unit Agreement Name West Dollarhide Drinkard Unit
4. Well Location Unit Letter K : 1347 feet from the S line and 1373 feet from the W line Section 32 - Township 24 S Range 38 E NMPM County LEA		8. Well Number 105
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3177'		9. OGRID Number 4323
		10. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD

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: 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 U.S.A. INC HAS CONDUCTED A MIT TEST ON THE ABOVE WELL.
THIS WELL FAILED A BRADENHEAD TEST ON FEBRUARY 26, 2016.
WE HAVE NOT YET RECEIVED A COMPLIANCE LETTER.
CHART ATTACHED.

****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.

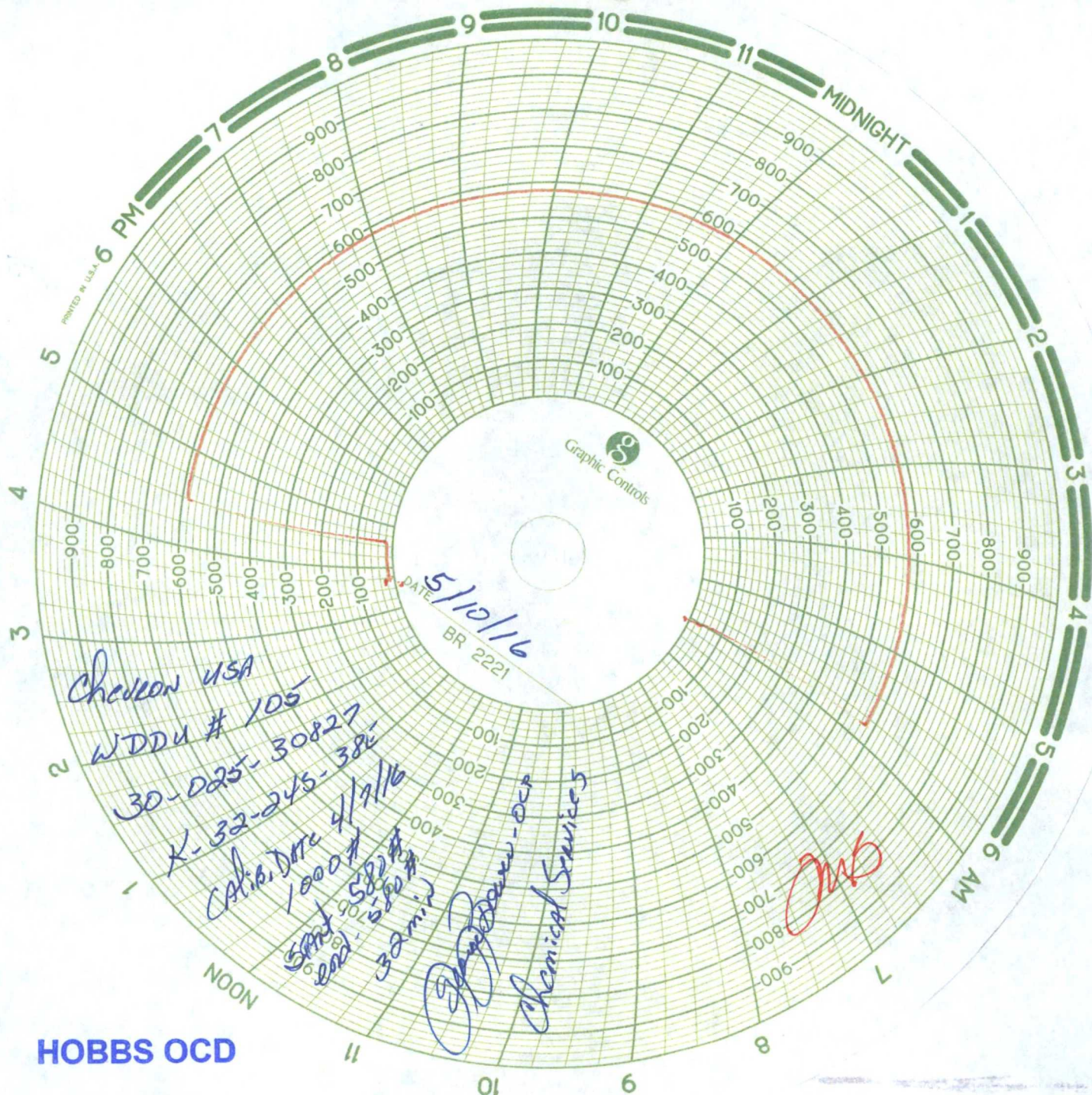
SIGNATURE: Adriann Garcia TITLE: **REGULATORY ASSISTANT** DATE: 5/23/2016

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: 11/4/16
Conditions of Approval (if any):

YMB



HOBBS OCD

MAY 25 2016

RECEIVED

HOBBS OCD

MAY 25 2016

RECEIVED

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

BRADENHEAD TEST REPORT

CHEVRON, U.S.A.	Operator Name	API Number 30 025 30827
DOLLARHIDE	Property Name West Dollarhide Drinkard unit	Well No. WDDU-105 105

Surface Location

UL - Lot K	Section 32	Township 24S	Range 38E	Feet from 1347	N/S Line S	Feet From 1373	E/W Line W	County LEA
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Well Status

Well Status	SHUT-IN NO	PRODUCING INJ	DATE 5-10-16
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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-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csg	(E)Tubing
Pressure	✓	✓	NA	✓	PSI
Flow Characteristics					1250 PSI WTN
Puff	Y / N	Y / N	Y / N	Y / N	
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	

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 ___X___ WTR, ___ GAS,
___ CO2
~~NO WITNESS WHEN TEST WAS DONE~~

Signature: Dalton Pinkston	OIL CONSERVATION DIVISION
Printed name: DALTON PINKSTON	Entered into RBDMS
Title: FSA	Re-test
E-mail Address: DPIN@CHEVRON.COM	
Date: 4-27-2016 540-16	Phone: 432-208-1086
Witness: [Signature]	