

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

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

WELL API NO. 30-025-25672
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 MEXICO L
8. Well Number 26
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE;FUSSELMAN

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 USA INC

3. Address of Operator  
1616 W. BENDER BLVD HOBBS, NM 88240

4. Well Location  
Unit Letter D : 566 feet from the NORTH line and 860 feet from the WEST line  
Section 5 Township 25S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3059' 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.

CHEVRON USA INC.IS REQUESTING FOR TA STATUS ON THE ABOVE WELL.

05/17/2018 TEST CASING TO 580 PSI FOR 32 MINUTES. WITNESSED BY GARY ROBINSON/NMOCD  
ORIGINAL CHART AND A COPY IS ATTACHED

This Approval of Temporary  
Abandonment Expires 5/17/2019

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 Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 05/23/2018

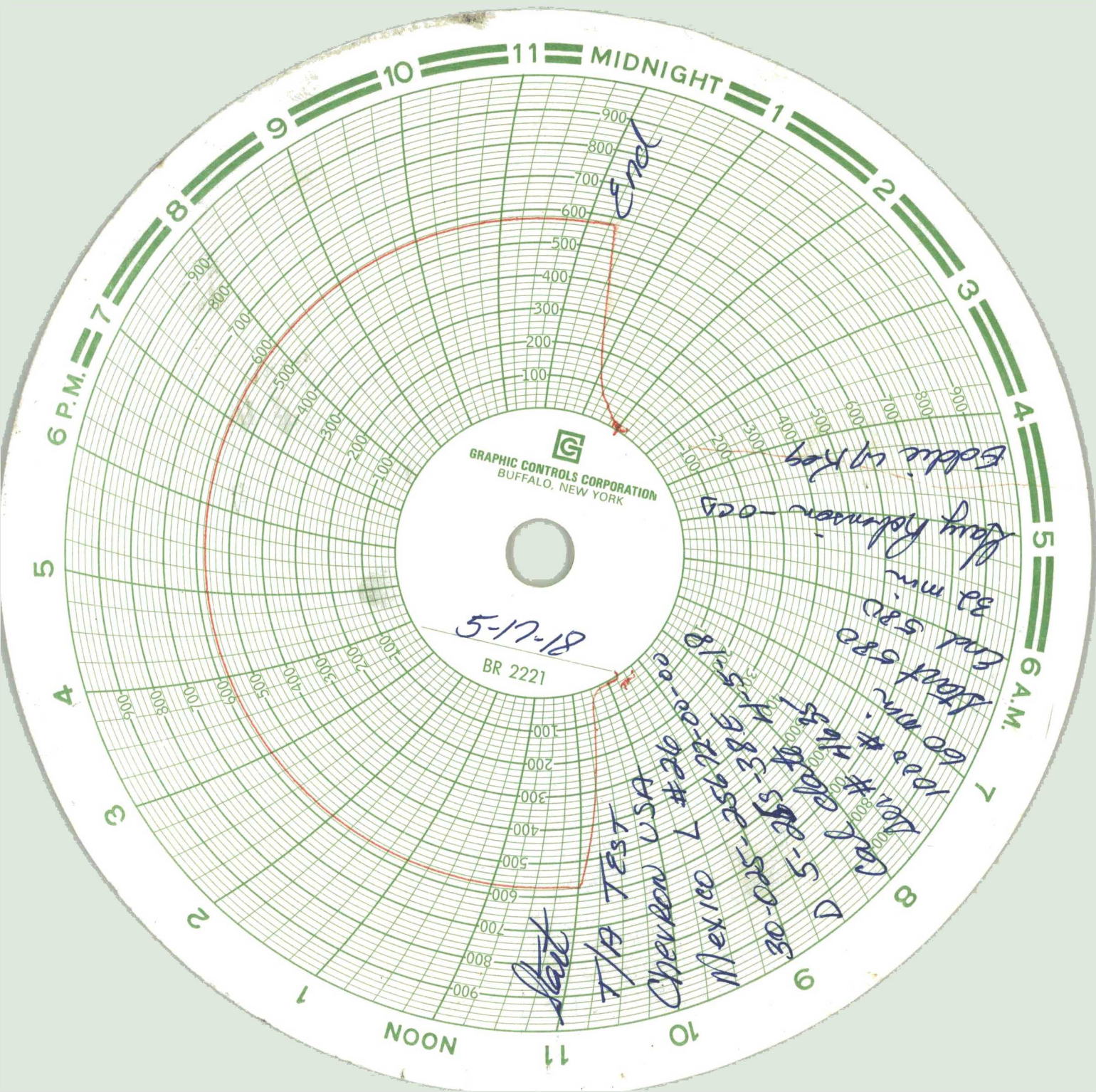
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431

For State Use Only

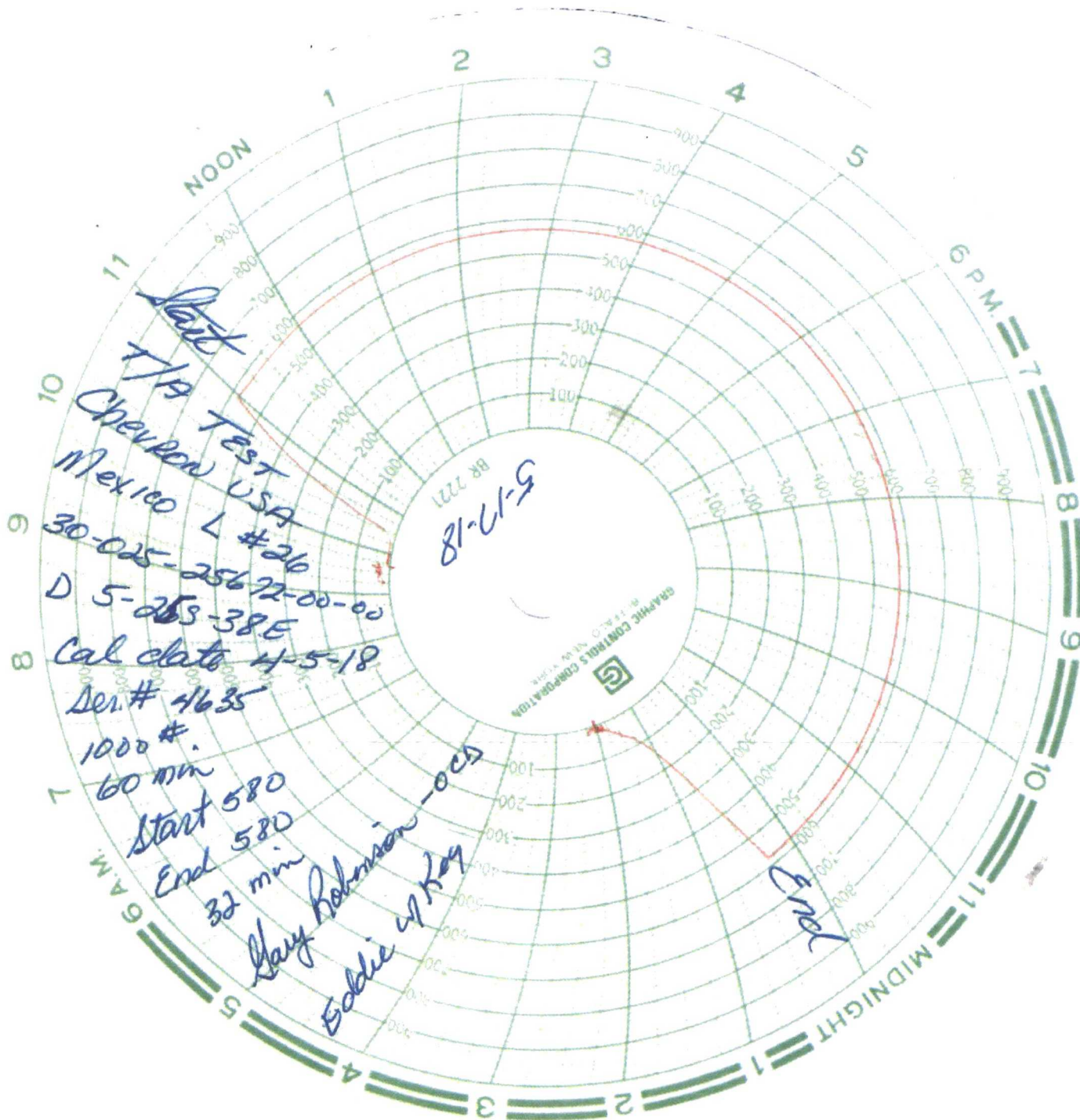
APPROVED BY: Mapey Brown TITLE AO/II DATE 5/24/2018  
Conditions of Approval (if any):

RBDMS - CHART - ✓









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

BRADENHEAD TEST REPORT

Operator Name <b>Chercon USA</b>		API Number <b>30-025-25672</b>
Property Name <b>Mexico L</b>		Well No. <b>#26</b>

2. Surface Location									
UL - Lot <b>D</b>	Section <b>5</b>	Township <b>25S</b>	Range <b>38E</b>		Feet from <b>566</b>	N/S Line <b>N</b>	Feet From <b>860</b>	E/W Line <b>W</b>	County <b>LEA</b>

Well Status							
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJ	INJECTOR	SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <b>5-17-18</b>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>60</b>	<b>NONE</b>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Injected for
Water	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Waterflood if applies

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

**T/A Tot**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <b>Gary Robinson</b>		

INSTRUCTIONS ON BACK OF THIS FORM