

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

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

Form C-103
Revised July 18, 2013

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. 30-025-31499
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON USA INC		6. State Oil & Gas Lease No.
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
4. Well Location Unit Letter <u>C</u> : 108 feet from the <u>NORTH</u> line and <u>2325</u> feet from the <u>WEST</u> line Section <u>05</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>LEA</u>		8. Well Number #114
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3145' KB		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:

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: Repair Work w/MIT Chart ☒

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.

THE SUBJECT WELL FAILED A MIT TEST AND WELL REPAIRED AS FOLLOWS:

08/16/18 MIRU, KILL WELL AND POOH KILL STRING, PICK UP PACKER, RIH W/PACKER TO MEASURED DEPTH, SET PACKER AND TEST BACKSIDE TO 500 PSI, 3-OFF AND CIRCULATE PACKER FLUID AROUND, J-ON PACKER, ND BOP, NUWH.

08/17/18 ND BOP, NU WH, PRESSURE UP TUBING (2,000) BLOW PUMP OUT PLUG.

08/20/18 TEST CASING TO 500 PSI FOR 32 MINUTES, WITNESSED BY GEORGE BOWER/NMOCD.

ORIGINAL MIT CHART AND A COPY ATTACHED.

Spud Date:

Rig Release Date:

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

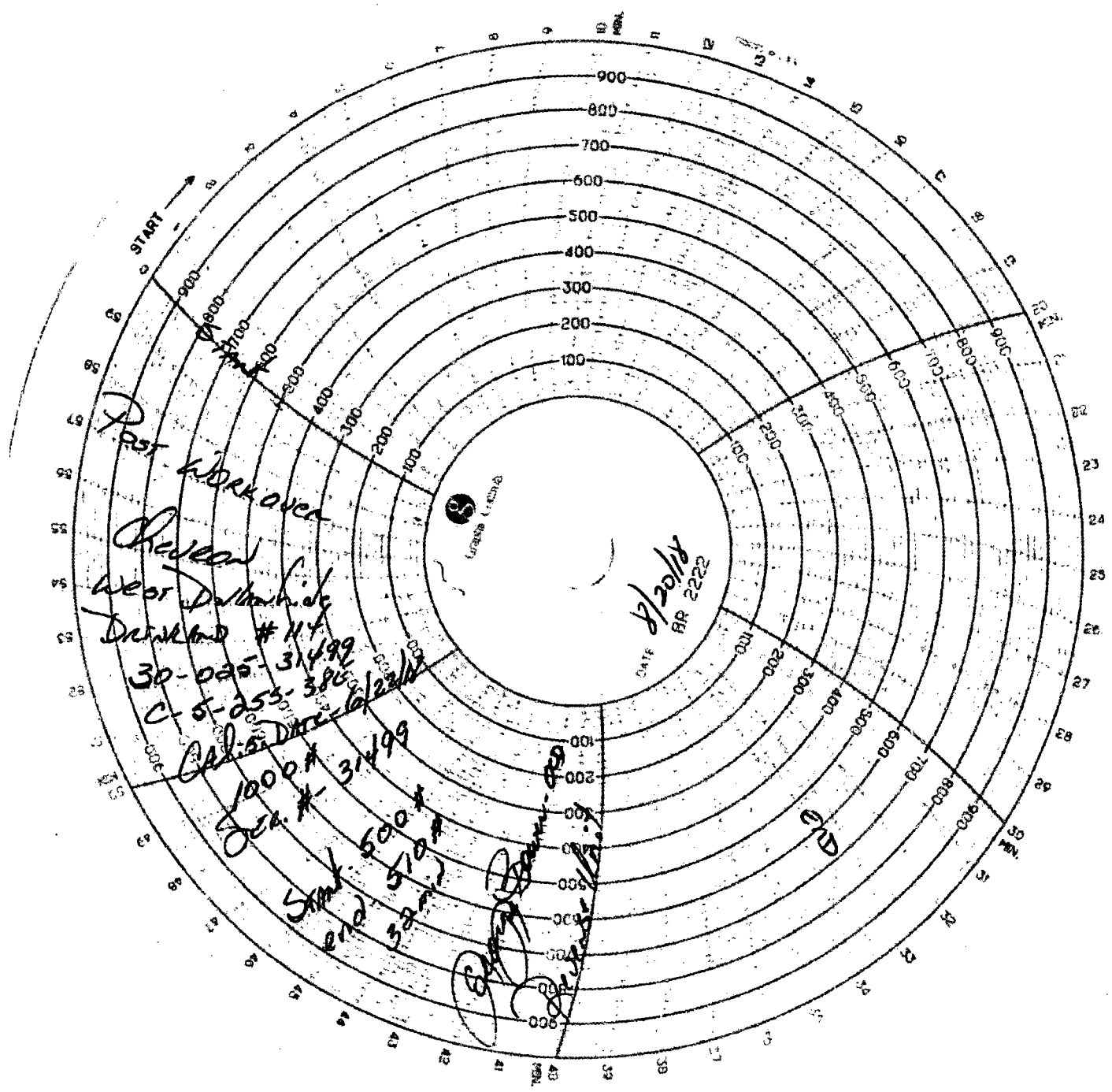
SIGNATURE Cindy Herrera-Murillo TITLE Permitting Specialist DATE 08/29/2018

Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Mary Brown TITLE AD/I DATE 8/30/2018
Conditions of Approval (if any):

[Handwritten signature]



Post Work over

Review

Near Duluthide

Duluthide #114

30-025-31499

C-5-253-386

Cal's Date 6/22/88

1000# 31499

Smt 500# 510# 32m

8/20/88
BR 2222



B. J. [illegible signature]

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

BRADENHEAD TEST REPORT

Operator Name <i>Chelton</i>	API Number <i>30-025-31499</i>
Property Name <i>West Delmar White Drink And</i>	Well No. <i>114</i>

2 Surface Location

UL - Lot <i>C</i>	Section <i>5</i>	Township <i>25S</i>	Range <i>38E</i>	Feet from <i>108</i>	N/S Line <i>N</i>	Feet From <i>2325</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL <i>NO</i>	SHUT-IN <i>YES</i>	NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER	GAS	DATE <i>8/20/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>—</i>	<i>—</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>CO2</i> <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>WTR</i> <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>GAS</i> <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Field
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Posi Work over Test

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/20/18</i>	
Phone:	
Witness: <i>J. Bower</i>	

INSTRUCTIONS ON BACK OF THIS FORM