

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-
811 S. First St., Hobbs, NM 88240
District III - (575) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 477-4600
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

WELL API NO. 30-025-33413
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 WEST DOLLARHIDE DRINKARD UNIT
8. Well Number #156
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE;TUBB-DRINKARD

STANDARD 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 INJECTION	
2. Name of Operator CHEVRON USA INC	
3. Address of Operator 1616 W. BENDER BLVD HOBBS, NM 88240	
4. Well Location Unit Letter <u>I</u> : <u>2000</u> feet from the <u>SOUTH</u> line and <u>1200</u> feet from the <u>EAST</u> line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3163' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *SPM*

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 W/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:

05/22/2019 TEST CASING TO 580 FOR 32 MINUTES. WITNESSED BY GARY ROBINSON//NMOCD.
ORIGINAL MIT CHART AND COPY IS ATTACHED.

CURRENT TA EXPIRED 05/18/2019

Spud Date:

Rig Release

This Approval of TA EXPIRES: 11/4/19
FINAL TA STATUS EXTENSION -
Well needs to be PLUGGED or RETURNED to PRODUCTION
BY THE DATE STATED ABOVE: 7C 7

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 05/23/2019

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

For State Use Only

APPROVED BY: Kerry Fata TITLE Compliance Officer A DATE 6-5-19
Conditions of Approval (if any)

PRINTED IN U.S.A.



DATE 5-22-79
BR 2222

START →

Cherow
7/16
7/17

WDDV #156
30-025-33413

I 32-245-386

cal date 3-8-79

37568

30 min

50 min

50 min

50 min

50 min

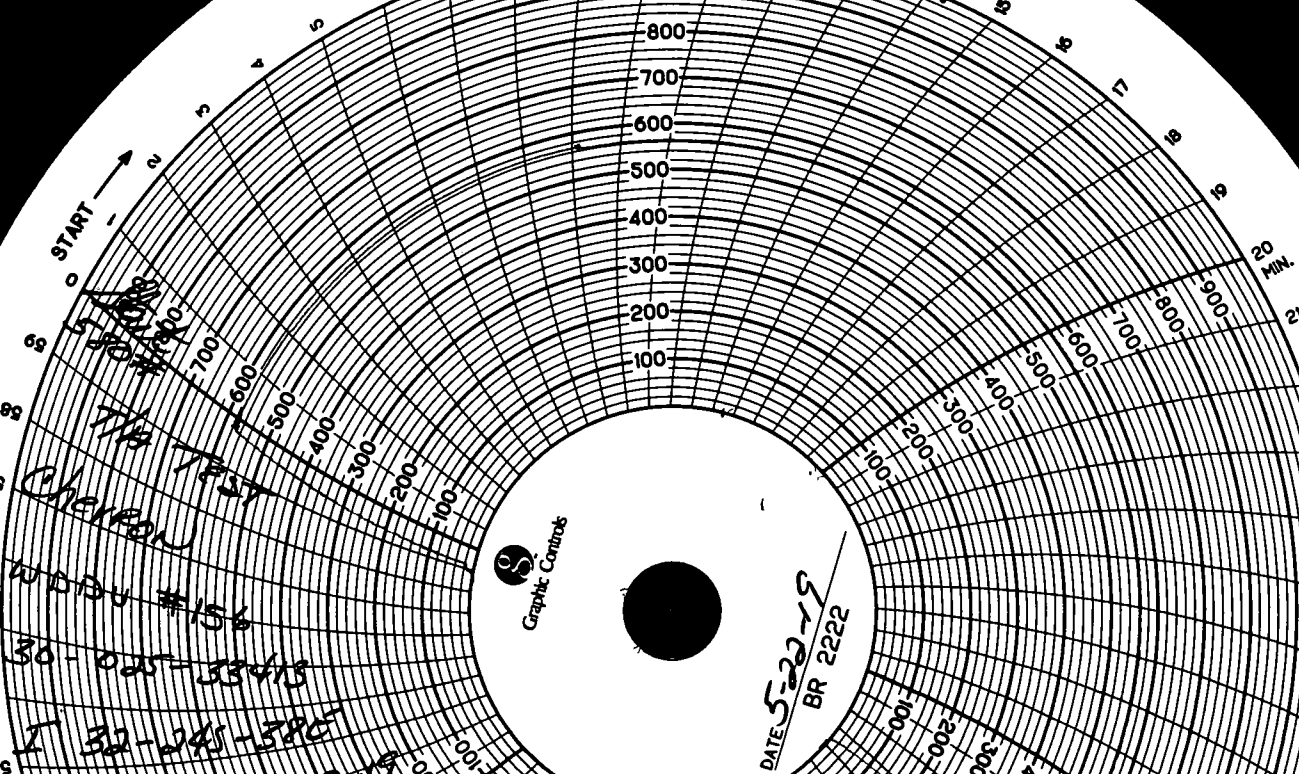
50 min

Met by Chem Serv

Met by Chem Serv

Met by Chem Serv

Met by Chem Serv



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

BRADENHEAD TEST REPORT

Operator Name Chevron		API Number 30-025-33413	
Property Name WDDU		Well No. #156	

1. Surface Location

UL - Lot I	Section 32	Township 24S	Range 38E	Feet from 2000	N/S Line S	Feet from 1200	E/W Line E	County LEA
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Well Status

PROD WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input type="radio"/> OIL <input type="radio"/> GAS	DATE 5-22-19
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	N/A	N/A	0	360
Flow Characteristics					
Pull	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of fluid Injected for waterflood if applicable
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

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

Tubing bled down - did not pressure up during test.

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

INSTRUCTIONS ON BACK OF THIS FORM

