

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., Aztec, NM 88210
District III - (505) 334-6178
1000 Rio Bravos Rd., Aztec, NM 87410
District IV - (505) 476-2460
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

| |
|---|
| WELL API NO. 30-025-06936 |
| 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 CENTRAL DRINKARD UNIT |
| 8. Well Number #149 |
| 9. OGRID Number 4323 |
| 10. Pool name or Wildcat DRINKARD |

DRY 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 INJ ☐

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
Unit Letter I : 1980 feet from the SOUTH line and 660 feet from the EAST line
Section 32 Township 23S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3312'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: ANNUAL MIT TEST <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 HAS CONDUCTED THE MIT CHART AND ANNUAL BRADENHEAD TEST ON THE ABOVE WELL.

*** NOTE THIS TEST IS FOR UIC ANNUAL TESTING***

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 LEAD HSE REGULATORY AFFAIRS DATE 08/27/2020

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

APPROVED BY: Kenny Forta TITLE CO DATE 9-3-20
Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

| | | |
|---|--|-----------------------------------|
| Operator Name Chevron USA INC | | API Number 30-025-06936 |
| Property Name Central Drinkard unit | | Well No 149 |

1. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|-------------------------|------------------------|----------------------|
| UL - Lot 1 | Section 32 | Township 21S | Range 37E | Feet from 1980 | N/S Line FSL | Feet from 660 | E/W Line FEL | County Lea |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|-------------------------|------------------------|----------------------|

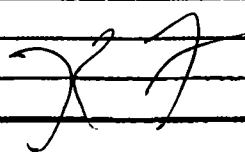
Well Status

| | | | | |
|--|--|--|--|--------------------------|
| TA'D WELL YES <input checked="" type="radio"/> NO | SHUT-IN YES <input checked="" type="radio"/> NO | INJECTOR <input checked="" type="radio"/> SWD | PRODUCER OIL <input checked="" type="radio"/> GAS | DATE 8-25-2020 |
|--|--|--|--|--------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(I) | (C)Interm(Z) | (D)Prod Csmg | (E)Tubing |
|----------------------|--------------|--------------|--------------|--------------|--|
| Pressure | 0 | 0 | NA | 0 | 850 |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 WTR — GAS — Type of Fluid Inferred for Waterflood if applies |
| 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 | |

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

| | | | |
|---|------------------------------|---|--|
| Signature Clarence Fite | | OIL CONSERVATION DIVISION | |
| Printed name Clarence Fite | | Entered into RBDMS | |
| Title ALCR | | Re-test | |
| E-mail Address Fite@Chevron.com | |  | |
| Date 8-25-20 | Phone 575-390-9084 | | |
| Witness | | | |

INSTRUCTIONS ON BACK OF THIS FORM

