

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-31376
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No.
3. Address of Operator 15 Smith Road Midland, TX 79705		7. Lease Name or Unit Agreement Name Baish Federal
4. Well Location Unit Letter _____: _____ feet from the _____ North _____ line and _____ feet from the _____ West _____ line Section 9 Township 18S Range 31E NMPM County Eddy		8. Well Number 12
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323
		10. Pool name or Wildcat N Shugart

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: EXTEND TA STATUS

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. REQUESTS TO EXTEND THE TA STATUS FOR THE SUBJECT WELL FOR 6 MONTHS.  
A MIT WAS PERFORMED ON 7/21/15. THE WELL WAS TESTED TO 580 PSI FOR 30 MINUTES.

PLEASE FIND ATTACHED THE ORIGINAL CHART AND THE 3160-5 THAT WAS SUBMITTED TO THE BLM ON 7/24/15.

\*\*\*CURRENT TA EXPIRES ON 8/7/15

NM OIL CONSERVATION

ARTESIA DISTRICT

JUL 28 2015

NM OIL CONSERVATION

ARTESIA DISTRICT

JUL 28 2015

Spud Date:

Rig Release Date:

RECEIVED

RECEIVED

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

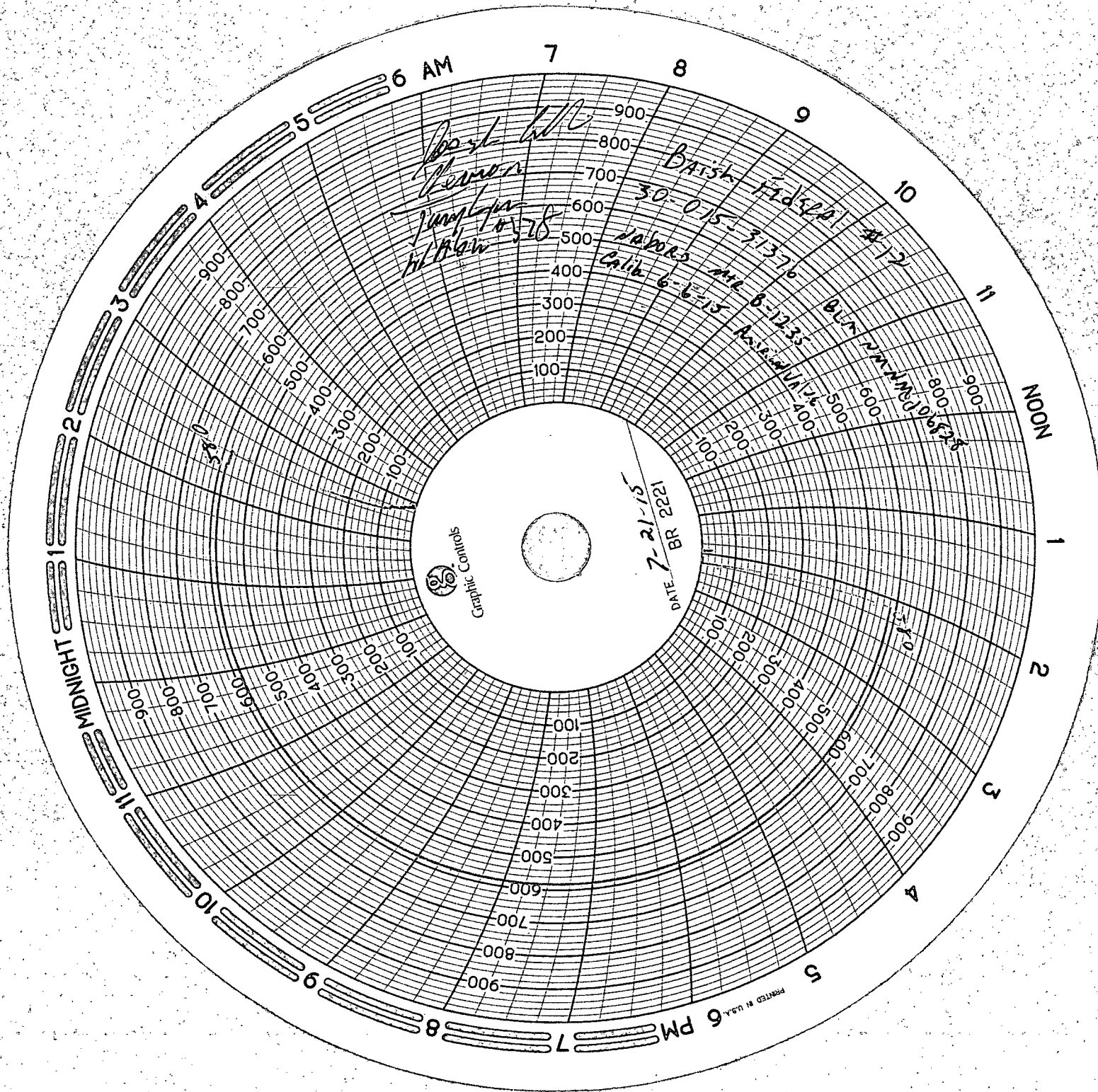
SIGNATURE Britany Cortez TITLE Regulatory Specialist DATE 7/26/15

Type or print name Britany Cortez E-mail address: bcortez@chevron.com PHONE: 432-687-7415

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT *BLM# NM NM 106828*

Operator Name <i>Cherokee USA INC.</i>	API Number <i>30-015-31376</i>
Property Name <i>BAISH FEDERAL</i>	Well No. <i>12</i>

Surface Location

UL - Lot	Section <i>9</i>	Township <i>18S</i>	Range <i>31E</i>	Feet from <i>990'</i>	N/S Line <i>N</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>Eddy</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR <input type="checkbox"/> INJ	SWD <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL	<input checked="" type="checkbox"/> GAS	DATE <i>7-21-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Joseph Collins</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph Collins</i>	Entered into RBDMS
Title: <i>Production Specialist Sub Surface</i>	Re-test
E-mail Address: <i>CollinsJ@cherokee.com</i>	
Date: <i>7-21-15</i>	Phone: <i>575-631-4197</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM