State of New Mexico

HOBBS OCD

Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

MAR 1 1 2016

| | | | Operator | | DEN | HEAD TI | TO THE REAL PROPERTY. | | | APRECEIVED | | | | |
|----------------------------------|--|-----------------|-------------------|---------------|------------|-------------|----------------------------|-----|---------------------------|--------------|-------------|--|--------|--|
| Chevron | | | | | | USA INCV | | | | 30-025-31815 | | | 1 | |
| 1/ | Property Name Vacuum Glorieta West Unit | | | | | | | | | | Well No. | | | |
| | | | vacuun | Giorieia | Control of | urface Loca | tion | | | | | 76 | / | |
| VC- Lot | | | | Feet from N/S | | | S Line | | | E/W Line | | ty / | | |
| M | 30 | 175 | 35E | 100 | | Well Statu | AND DECEMBER OF THE PERSON | 15 | 41 | A TIE | ω | Lea | | |
| | N. V. | | | | | | is | | | | | | | |
| YES TA'D WELL YES SHUT-IN | | | SHUT-IN | injector | | | SWD OIL PROI | | PRODUCER | GAS | | Z-18-16 | | |
| | | | | | OBS | ERVED D | <u>DATA</u> | | | | | | W | |
| / | (B)Interm(1) | | | (C)Interm(2) | | (D) | (D)Prod Csng | | (E)Tubing | | | | | |
| ressure | | | 0 | | N | 1/4 | NA | | | 200 | | 1480 | | |
| low Charact | teristics | | | | | | | | | | | | | |
| Puff | Kan da | | Y / & | Y / N | | N | Y / N | | | Y / (| D | CO2 WTR_X GAS | | |
| Steady Fl | ow | | Y / 60 | Y / N | | N | Y/N | | | 0/ | | | | |
| Surges | | | Y / Ø | 0 8/ | | N | Y / N | | | YID | | Type of Fluid Injected for Waterflood if | | |
| Down to no | and the second | | Ø/N | | | N | Y/N | | | Ø N | | | | |
| Gas or (| | | Y / 🚱 | | Y / N | | Y / N | | | (V) | A Transport | applies. | | |
| Water | | Medical Taxasas | Y / 🗞 | Y/N | | N | | Y/N | | Y / | | | | |
| | | | (A,B,C,D,E) per (| | | | | | us build up if ap | olies. | <i>a</i> | | | |
| ignature: | | | | <u>Halipa</u> | | | | | | D | 3 | 122/14 | | |
| Signature: | | | | | | | | | OIL CONSERVATION DIVISION | | | | | |
| Printed name: Tanner DeHaan | | | | | | | | | Entered into RBDMS | | | | | |
| Title: FSA | | | | | | | | 7 | Re-test | | | | | |
| | TAVE | | | | | | | | | | | CARDAL GRANE | 1 1 12 | |
| -mail Address | : IZYR@Cn | nevron.com | | | | | | | | | | | | |
| E-mail Address Date: Z- I | 8-16 | nevron.com | Phone: 575-390 | 0-4449 | | | | | | | | | | |

INSTRUCTIONS ON BACK OF THIS FORM

