District 1 1625 N, French Dr., Hobbs, NM 88240 Photo: (575) 393-6161 - Eax, (575) 393-0720

HOBBS OCD

AUG 02 2016

State of New Mexico

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

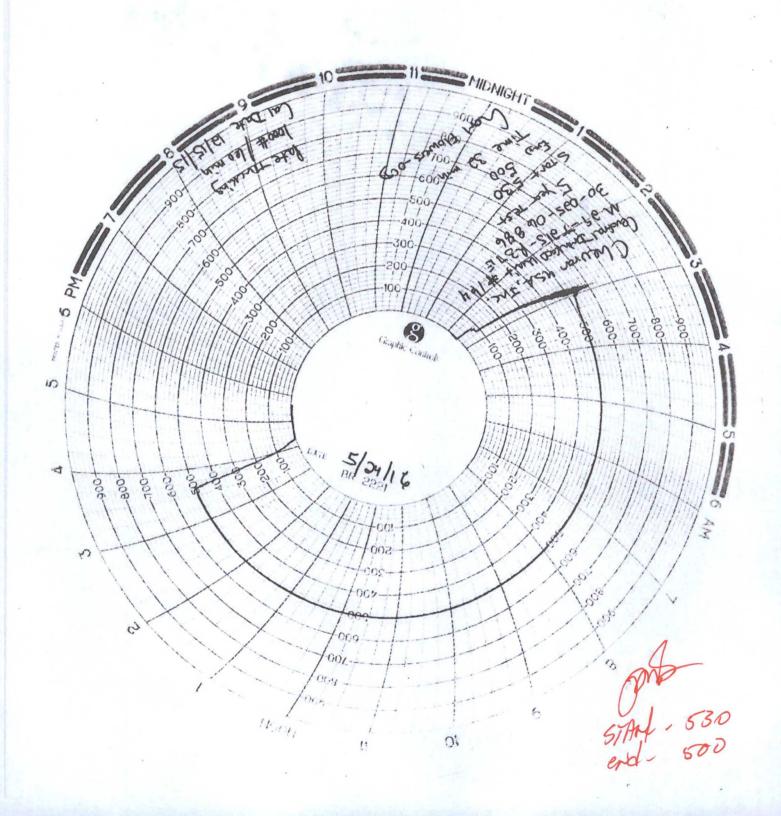
RECEIVED

/		BRADENHEAD TI		0.18	Second			
Cherron, U.S.A. Inc.					30-025-06886			
1 1 -		30-025-06886 Well No.						
Cantral 1	Drinkard				197			
UL Lot Section Tox	wiship Range	7. Surface Loca	N/S Line	Feet From	E/W Line	County		
M 29 3	21 Range	/ CONT. 10000	Luco S		W	hear .		
/		Well Statu	IS					
Well Status SHUT-IN PRODUCING				DATE	1			
Active	NA	Injection	9 5-	24-14				
OPEN BE		TERMEDIATE TO ATMOSPI OBSERVED D ions that apply:		Y FOR 15 MINUT	ES EACH			
	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Pro	d-Tubing	(E)Tubing		
Pressure	Ø	100			er_	1400		
low Characteristics		6			_			
Puff	YIN	WIN .	Y/N	- 1	Ø/N			
Steady Flow	YIN	Y/®	Y/N		Y/Ø			
Surges	Y/O	YIN	Y/N		YIN			
Down to nothing	(V) S	Ø/ N	Y/N		(V) N			
Gas or Oil Water	Y/80	Y7 Ø	Y/N Y/N	1	W/N			
f bradenhead flowed water,	check all of the descrip	tions that apply:				_		
CLEAR	FRESH	SALTY	SULFO	JR .	BLACK			
Remarks:								
Signature: Warul	James	40-7-				ON DIVISION		
Printed name: Eman	Jimes Jimes	ne-z-		Entered into RE		ON DIVISION		
Printed name: Eman Title: 55PS						ON DIVISION		
Printed name: Eman	va Chivre			Entered into RE		ON DIVISION		

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Energy, Minerals and Notural Resources Revised July 18, 2013	<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs,	10.4	ate of New Me				orm C-103
DISTRICT 1- (3/5) 748-1283 811 S. Hirs St., Artesic, NM 88210 District III - (605) 346-178 1000 Rice Razce Rd. Aztec, RM 87410 District III - (605) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 (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	88240 ,	Energy, Min	erais and Natu	aral Resources	WELL APLNO	Revised July	7 18, 2013
1220 South of 1910 Fig. 1220 Fig. 1220 South of 1910 Fig. 1220 Fig							/
State Fee State State Fee State State Fee State St		1220	South St. Fran	ois Dr.		f Lease	-/
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS CRITERIA SOCIAL DRINKARD UNIT 7. Lease Name or Unit Agreement Name (CENTRAL DRINKARD UNIT 8. Well Number 164 SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well X Other Injector 9. OGRID Number 432 9. OGRID Number 432 9. OGRID Number 432 9. OGRID Number 432 10. Pool name or Wildcat 10. Pool na		NM Sc	anta Pe, NM 8/	2016	STATE	FEE 🖂	
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.) 1. Type of Well: Oil Well Gas Well X Other Injector 2. Name of Operator CHEYRON U.S.A. 3. Address of Operator 5301 Deauville Blvd Midland, TX 79706 4. Well Location Unit Letter, M			AUG	0 3 2010	6. State Oil & Gas	Lease No.	
SUNDIFY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DEPLIC 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 X Other Injector 2. Name of Operator CHEVRON U.S.A 3. Address of Operator Gas Well A Survey of Township 21 S Range 37 E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK AND WILLIPLE COMPL CASING MULTIPLE COMPL CASING OTHER: 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 NIMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. **CHEVRON U.S.A** 7. Lose Borne or Unit Agreement Name CENTRAL DRINKARD UNIT 8. Well Number 16.4 8. Well Number 16.4 8. Well Number 16.4 9. OGRID Number 432 10. Pool name or Wildcat DRINKARD 10. Pool name or Wildcat DRINKARD 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK AND A LITERING CASING COMMENCE DRILLING OPNS PAND A CASING PAND A CASING COMMENCE DRILLING OPNS PAND A CASING P		Fe, NM		CENTED			
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3. Type of Well: Oil Well Gas Well X Other Injector		DIR. USE "APPLICATION FOR	R PERMIT" (FOR	M C-101) FOR			
2. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		☐ Gas Well X Other	Injector				•
3. Address of Operator 6301 Deauville Blvd Midland, TX 79706 4. Well Location Unit Letter_M :_660_feet from the _S _ line and _660_feet from the _W_line Section 29 Township 21 \$ Range 37 E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. ALTERING CASING CASING/CEMENT JOB CASING/CE		_ Odd Woll X Ollion	ii jootoi		9. OGRID Number	432	
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Well Location Unit Letter_M :660_feet from the _S _ line and _660_feet from the _W _ line Section				1 = -	10. Pool name or \	Nildcat	
Unit Letter_M_:_660_feet from the _S_ line and _660_feet from the _W_line Section 29 Township 21 S Range 37 E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	6301 Deauville Blvd	Midland, TX 79706			DRINKARD		
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	I hereby certify that the in	nformation above is true ar	nd complete to	o the best of my kr	nowledge and belief		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	SIGNATURE:	Cf Gan	TITLE: REGULA	TORY ASSISTANT	OATE:07/27/2016_		
	Type or print name: Adria	nn Garcia E-mail addres	ss: Adriann.Go	arcia@chevron.com	m PHONE: 432-687-	7617	
0 1	For State Use Only	00	1	on	11	1	
SIGNATURE:	APPROVED BY:Conditions of Approval (in	age) Jawes TITLE	empliance	e Officier		6	