

HOBBS OCD

AUG 03 2016

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

BRADENHEAD TEST REPORT

Operator Name Chevron, U.S.A., Inc.		API Number 30-025-06888	
Property Name Central Drinkard Unit		Well No. 162	

2. Surface Location

UL - Lot K	Section 29	Township 21S	Range 37E	Feet from 1980	N/S Line FSL	Feet From 1980	E/W Line FWL	County Lea
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Well Status

Well Status Active	SHUT-IN N/A	PRODUCING Injecting	DATE 5-24-16
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A) Surf-Interm	(B) Interm (1) - Interm (2)	(C) Interm-Prod	(D) Prod-Tubing	(E) Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1000
Flow Characteristics					
Pull	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR N/A	FRESH N/A	SALTY N/A	SULFUR N/A	BLACK N/A
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Remarks:

Signature: Emanuel Jimenez		OIL CONSERVATION DIVISION	
Printed name: Emanuel Jimenez		Entered into RBDMS	
Title: SSPS		Re-test MB	
E-mail Address: ESJ@Chevron.com			
Date: 5-24-16	Phone: 575-431-9159		
Witness: Cal Flowers			

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

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WELL API NO.

3002506888

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL DRINKARD UNIT

8. Well Number 162

9. OGRID Number

10. Pool name or Wildcat

DRINKARD

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 ☒ Other Injector

2. Name of Operator

CHEVRON U.S.A.

3. Address of Operator

6301 Deauville Blvd Midland, TX 79706

4. Well Location

Unit Letter_K : 1980 feet from the S line and 1980 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 ☐

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: ANNUAL MIT TEST

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 HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WELL.

CHART ATTACHED.

PLEASE 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: Adriann Garcia TITLE: REGULATORY ASSISTANT DATE: 07/27/2016

Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com PHONE: 432-687-7617

For State Use Only

APPROVED BY: George Bower TITLE: Compliance Officer DATE: 8/5/16

Conditions of Approval (if any):