

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

AUG 03 2016

BRADENHEAD TEST REPORT

Operator Name CHEVRON U.S.A., INC		API Number 30-025-06893	
Property Name Central Driekard Unit		Well No. 160	

7. Surface Location									
UL - Lot E	Section 29	Township 21	Range 31	Feet from 1980	N/S Line N	Feet From 660	E/W Line W	County	

Well Status

Well Status Active	SHUT-IN YES	PRODUCING	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-Intern	(B) Intern(1)-Intern(2)	(C) Intern-Prod	(D) Prod-Tubing	(E) Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input 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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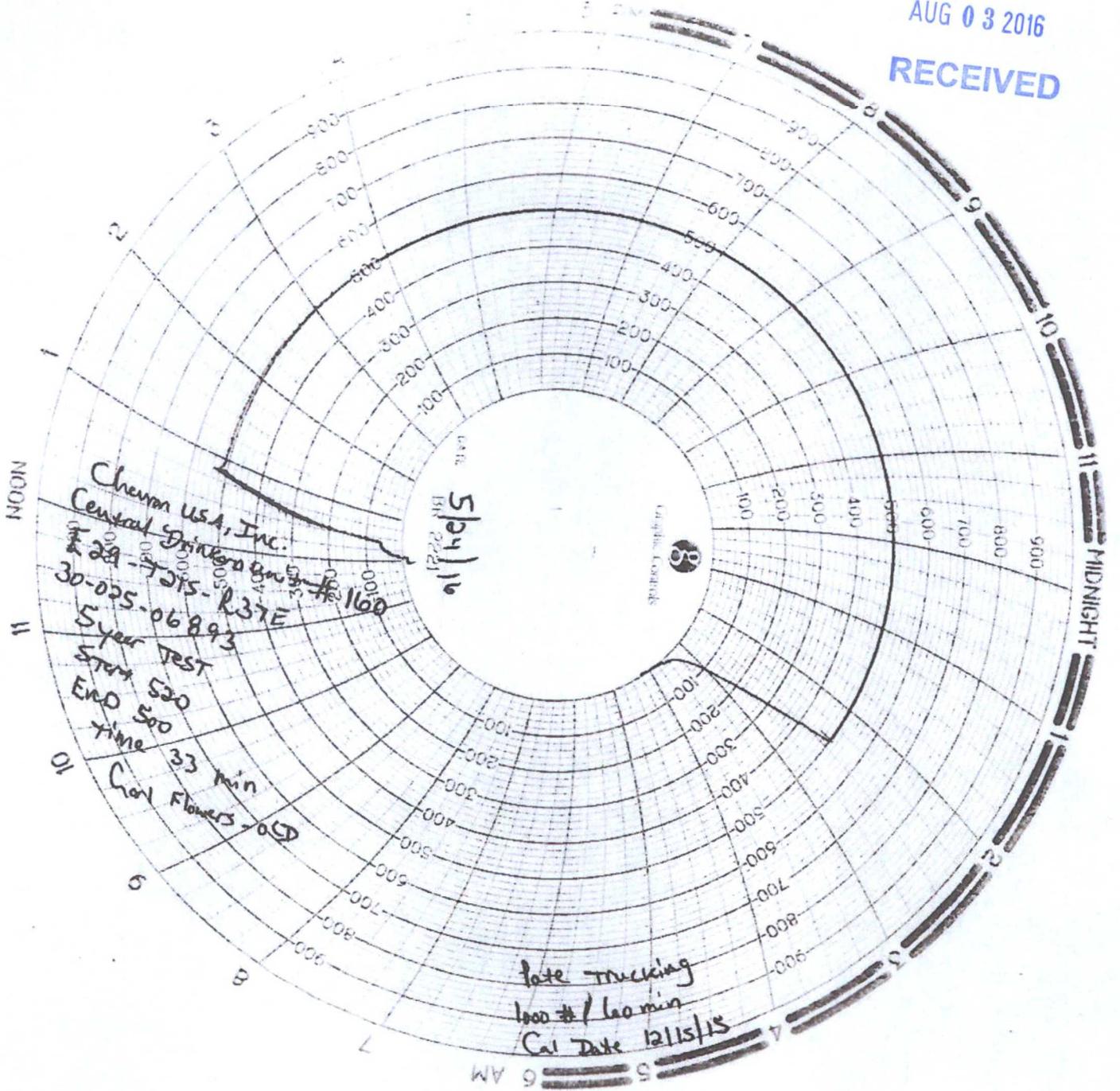
Remarks:

Signature: <i>Emanuel Jimenez</i>	OIL CONSERVATION DIVISION
Printed name: Emanuel Jimenez	Entered into RBDMS
Title: SSPS	Re-test <i>[Signature]</i>
E-mail Address: Emanuel Jimenez	
Date: 5-24-16	Phone: 575-631-9139
Witness: Carl Flores	

HOBBS OCD

AUG 03 2016

RECEIVED



START - 520H
 end - 500#

GMB

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

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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

WELL API NO. 3002506893 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CENTRAL DRINKARD UNIT ✓
8. Well Number 160 ✓
9. OGRID Number 432
10. Pool name or Wildcat DRINKARD ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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_E_: 1980 feet from the _N_ line and 660 feet from the _W_ line
Section **29** Township **21 S** Range **37 E** NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>MULTIPLE COMPL <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: ANNUAL MIT TEST ✓</p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>P AND A <input type="checkbox"/></p>
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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 Beaman TITLE: Compliance Officer DATE: 8/5/16
Conditions of Approval (if any):