HOBBS OCD

State of New Mexico

Energy, Minerals and Natural Resources Department AUG 0 3 2016

Oil Conservation Division Hobbs District Office

RECEIVED BRADENHEAD TEST REPORT-

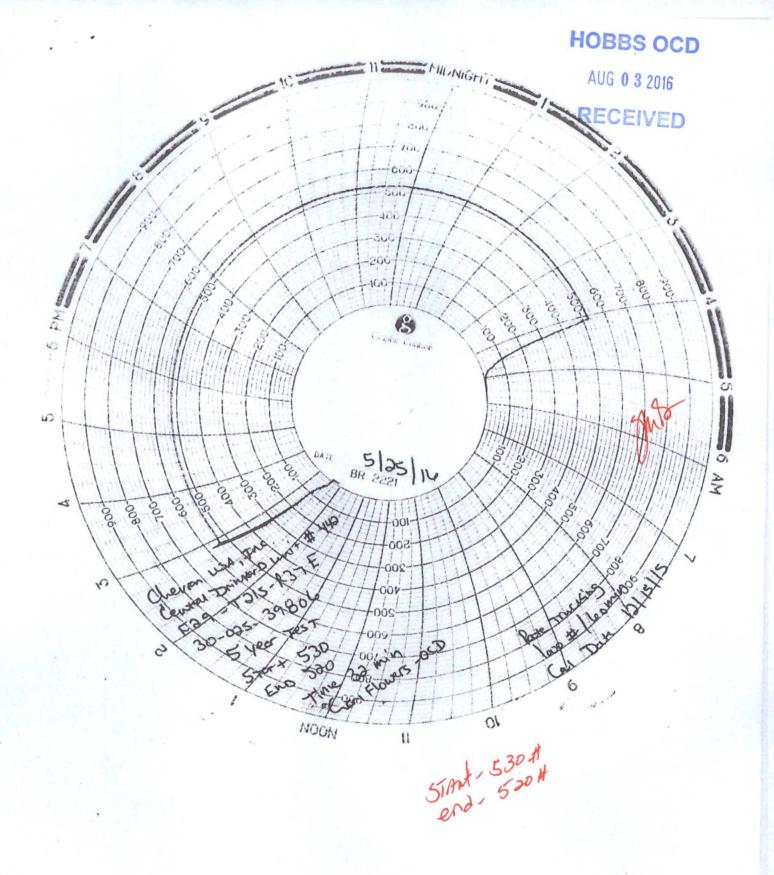
| the state of the s | ICADEMIEND TEST IC | DI.OILI | | |
|--|-------------------------------|-----------------------|--------------|--------------|
| Operator Name | | | . API Number | |
| Chevron, U.S.A, Inc | | | -025-39806 | |
| Central Drinkard Unit | erty Name | | 442 | ell No. |
| | ² Surface Location | | | |
| F A9 215 37E | | S Line Feet From 2195 | | Lear |
| | Well Status | 4. | | |
| YES TA'D WELL NO YES SHUT-IN (NO | INJ INJECTOR SWD | OIL | GAS 5-2 | DATE 5-16 |

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing |
|-------------------------------|------------|--------------|--------------|--------------|---|
| Pressure Flow Characteristics | Ø | | | Ø | 1400 |
| Puff Puff | (D) N | Y/N | Y/N | YIN | CO2 |
| Steady Flow | Y/(N) | Y/N. | Y/N | Y/® | GAS Type of Fluid Injected for Waterflued if applies. |
| Surges | Y/0 | YIN | Y/N | YIM | |
| Down to nothing | O/ N | YIN | Y/N | Ø/ N | |
| Gas or Oil | Y/(S) | Y/N | YIN | Y/8 | |
| Water | Y/(8) | YIN | Y/N | YIM | |

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

| Signature: manual & imenos | | OIL CONSERVATION DIVISION | | |
|-------------------------------|----------------------|---------------------------|--|--|
| Printed name: Emanuel Timelez | | Entered into RBDMS | | |
| Title: 33 PS | | Re-test | | |
| E-mail Address: Emanu | el Jimenez | //P | | |
| Date: 5.25-16 | Phone: 575-631-9139 | | | |
| | Witness: Carl Flower | | | |



| Submit 1 Copy To Appropriate District Office District 1 - (575) 393-6161 1625 N. French Dr. Hobbs, NM 88246 OBBS Cenergy, Minerals and Natural Resources 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 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS | Form C-103 Revised July 18, 2013 WELL API NO. 300253980600 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name | |
|--|--|--|
| (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 | CENTRAL DRINKARD UNIT 8. Well Number 442 | |
| 2. Name of Operator CHEVRON U.S.A. | 9. OGRID Number 4323 | |
| 3. Address of Operator 75 SMITH ROAD MIDLAND, TX 79705 | 10. Pool name or Wildcat DRINKARD | |
| 4. WelfLocation Unit Letter_F_:_1930_feet from the _N_ line and _2195_ feet from the _W_ line Section 29- Township 21S Range 37E NMPM Co 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3484' GR | ounty LEA | |
| 12. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE PULL OR ALTER CASING MULTIPLE COMPL CASING/CENDOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM COTHER: | SUBSEQUENT REPORT OF: ORK | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completic completion or recompletion. CHEVRON U.S.A. INC HAS CONDUCTED THE ANNUAL MIT TEST ON THE ABOVE WEIGHART ATTACHED. **PLEASE NOTE THIS TEST IS FOR UIC ANNUAL TESTING** | ons: Attach wellbore diagram of proposed | |
| Spud Date: Rig Release Date: | | |
| I hereby certify that the information above is true and complete to the best of my knowle | edge and belief. | |
| SIGNATURE: ACROADED TITLE: REGULATORY ASSISTANT D. | ATE:07/26/2016 | |
| Type or print name: Adriann Garcia E-mail address: Adriann.Garcia@chevron.com F | PHONE: 432-687-7617 | |
| APPROVED BY: Spans Sower TITLE Compliance Officier D. Conditions of Approval of any): | ATE 8/5/16 | |