

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
625 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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD
JUN 22 2018
RECEIVED

WELL API NO. 3002531995
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
8. Well Number 131
9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE TUBB 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJ
2. Name of Operator CHEVRON U.S.A.
3. Address of Operator 6301 DEAUVILLE BLVD MIDLAND, TX 79706
4. Well Location Unit Letter H: 2150 feet from the NORTH line and 850 feet from the EAST_line Section 32 Township 24 S Range 38E 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:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		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 U.S.A. INC 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: _____ TITLE: REGULATORY ASSISTANT DATE: 6/19/2018

Type or print name: Jessica Jones E-mail address: jjzi@chevron.com PHONE: 432-687-7575

For State Use Only

APPROVED BY: Jessica Jones TITLE: Compliance Officer DATE: 6/22/18
Conditions of Approval (if any): Supervisor

**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	³ API Number 30025319950000
Property Name WEST DOLLARHIDE DRINKARD UNIT	Well No. 131

7. Surface Location									
UL - Lot (H)	Section 32	Township 24	Range 38		Feet from	N/S Line N	Feet From 850	E/W Line E	County LEA

Well Status

Well Status ACTIVE	SHUT-IN No	PRODUCING INT	DATE 5-18-18	
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

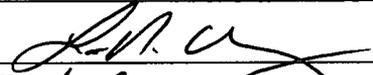
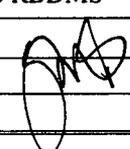
If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csgng	(E)Tubing
Pressure	0	N/A	N/A	0	1400
Flow Characteristics					
Puff	Y/ N	Y/N	Y/N	Y/ N	
Steady Flow	Y/ N	Y/N	Y/N	Y/ N	
Surges	Y/ N	Y/N	Y/N	Y/ N	
Down to nothing	Y / N	Y/N	Y/N	Y / N	
Gas or Oil	Y/ N	Y/N	Y/N	Y/ N	
Water	Y/ N	Y/N	Y/N	Y/ N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:	INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

Signature: 	OIL CONSERVATION DIVISION
Printed name: LaQuagne	Entered into RBDMS
Title: ALCN	Re-test 
E-mail Address: lwq@chevron.com	
Date: 5/18/18	Phone: 432-270-8389
Witness: Jerry Robinson	