

Submit 1 Copy To Appropriate District Office
 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

Form C-103
 Revised July 18, 2013

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

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.)		WELL API NO. 30-025-31499
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON USA INC		6. State Oil & Gas Lease No.
3. Address of Operator 6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
4. Well Location Unit Letter <u>C</u> : 108 feet from the <u>NORTH</u> line and <u>2325</u> feet from the <u>WEST</u> line Section <u>05</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>LEA</u>		8. Well Number #114
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3145' KB		9. OGRID Number 4323
10. Pool name or Wildcat DOLLARHIDE;TUBB-DRINKARD		RECEIVED AUG 30 2018

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Repair Work w/MIT Chart <input checked="" type="checkbox"/>	
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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.

THE SUBJECT WELL FAILED A MIT TEST AND WELL REPAIRED AS FOLLOWS:

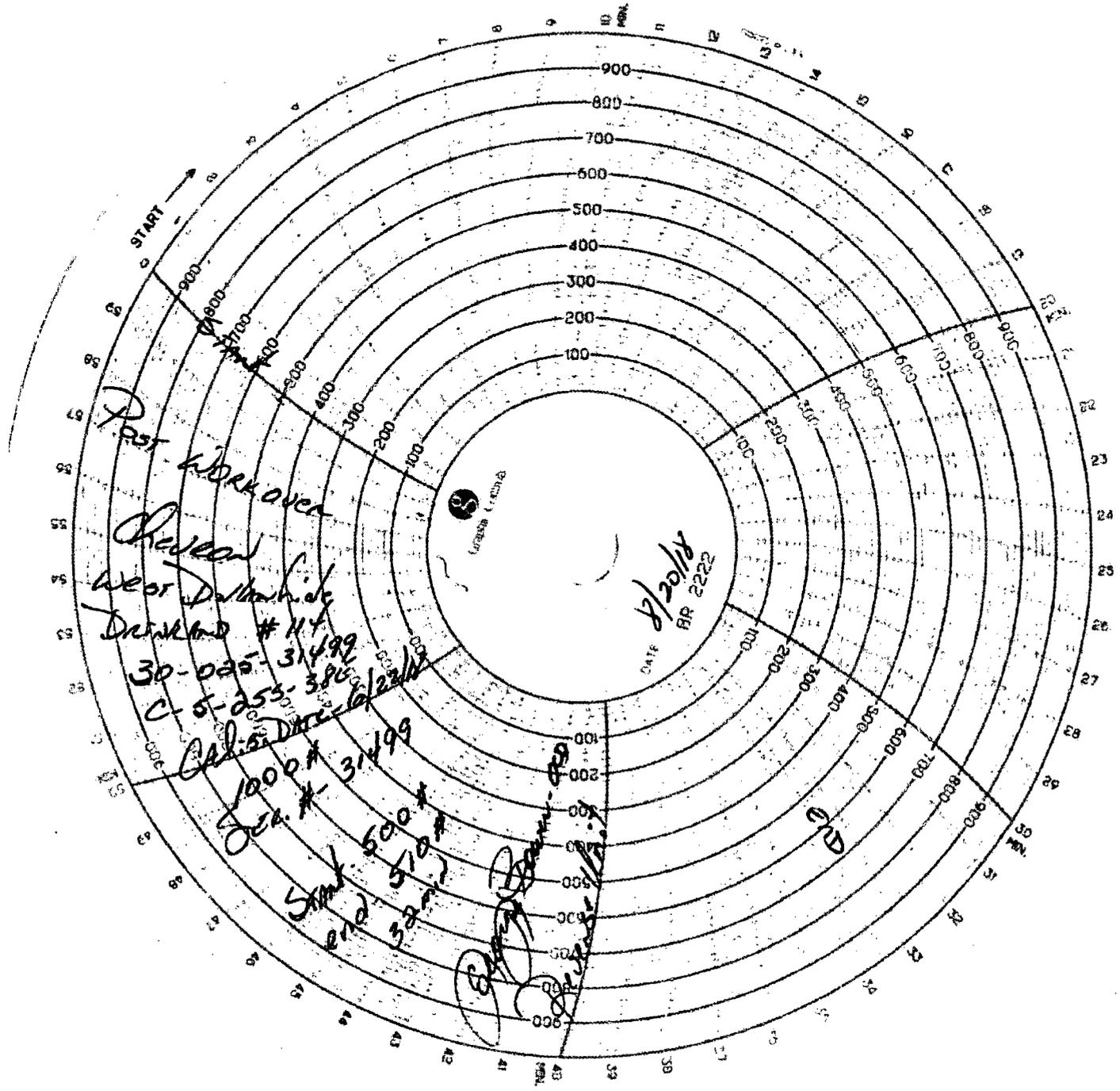
08/16/18 MIRU, KILL WELL AND POOH KILL STRING, PICK UP PACKER, RIH W/PACKER TO MEASURED DEPTH, SET PACKER AND TEST BACKSIDE TO 500 PSI, 3-OFF AND CIRCULATE PACKER FLUID AROUND, J-ON PACKER, ND BOP, NUWH.
 08/17/18 ND BOP, NU WH, PRESSURE UP TUBING (2,000) BLOW PUMP OUT PLUG.
 08/20/18 TEST CASING TO 500 PSI FOR 32 MINUTES, WITNESSED BY GEORGE BOWER/NMOCD.

ORIGINAL MIT CHART AND A COPY ATTACHED.

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 Cindy Herrera-Murillo TITLE Permitting Specialist DATE 08/29/2018
 Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431
For State Use Only
 APPROVED BY: Makay Brown TITLE AD/I DATE 8/30/2018
 Conditions of Approval (if any):



Post Workover
Revised
Near Daltahide
Derrick # 114
30-025-31499
C-5-255-386
Cal's Direct 6/23/88

DATE 8/20/88
BR 2222

1000# 31499
500#
510#
520#

[Handwritten signature]

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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 <i>Chellon</i>	API Number <i>30-025-31499</i>
Property Name <i>West Delmarhite Drink And</i>	Well No. <i>114</i>

Surface Location

UL - Lot <i>C</i>	Section <i>5</i>	Township <i>25S</i>	Range <i>38E</i>	Feet from <i>108</i>	N/S Line <i>N</i>	Feet From <i>2325</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>8/20/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterhead if
					applies.

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

Posi Work over TEST

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>8/20/18</i>	Phone:		
Witness: <i>J. Rowe</i>			

INSTRUCTIONS ON BACK OF THIS FORM