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

HOBBS OCD
MAY 24 2019
RECEIVED

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.
30-025-33404

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 INJECTION

7. Lease Name or Unit Agreement Name
WEST DOLLARHIDE DRINKARD UNIT

8. Well Number #157

2. Name of Operator
CHEVRON USA INC

9. OGRID Number
4323

3. Address of Operator
1616 W. BENDER BLVD HOBBS, NM 88240

10. Pool name or Wildcat
DOLLARHIDE;TUBB-DRINKARD

4. Well Location
Unit Letter P : 1275 feet from the SOUTH line and 400 feet from the EAST line
Section 31 Township 24S Range 38E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3133' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			OTHER: TA STATUS W/CHART			☒

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 USA INC. IS REQUESTING FOR TA STATUS ON THE ABOVE WELL:

05/22/2019 TEST CASING TO 580 PSI FOR 32 MINUTES. WITNESSED BY GARY ROBINSON/NMOCD.
ORIGINAL MIT CHART IS ATTACHED WITH A COPY

CURRENT TA EXPIRED 05/17/2019

This Approval of TA EXPIRES: 11/4/19
FINAL TA STATUS EXTENSION
Well needs to be PLUGGED or RETURNED to PRODUCTION BY THE DATE STATED ABOVE:

Spud Date: Rig Release

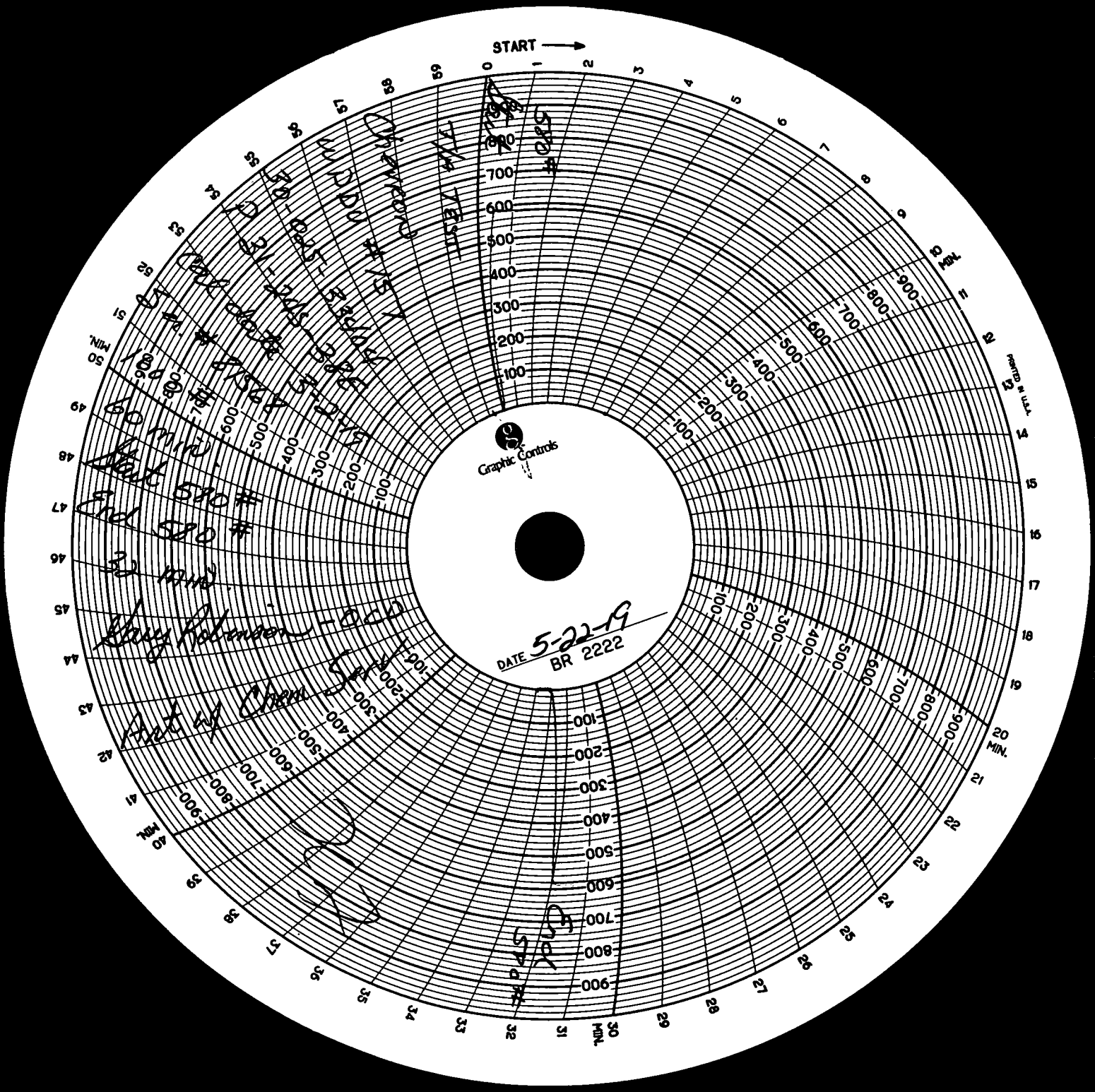
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cindy Herrera-Murillo TITLE PEMITTING SPECIALIST DATE 05/23/2019

Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-4-19
Conditions of Approval (if any):


START
Graphic Controls
DATE 5-22-19
BR 2222
MIN.
PRINTED IN U.S.A.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Chevron	30-025-33404
Property Name	**Well No.**
WDDU	#157

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
P	31	24S	38E		1275	S	400	E	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
(YES)	NO	(YES)	NO	INJ	SWD	(OIL)	GAS	5-22-19

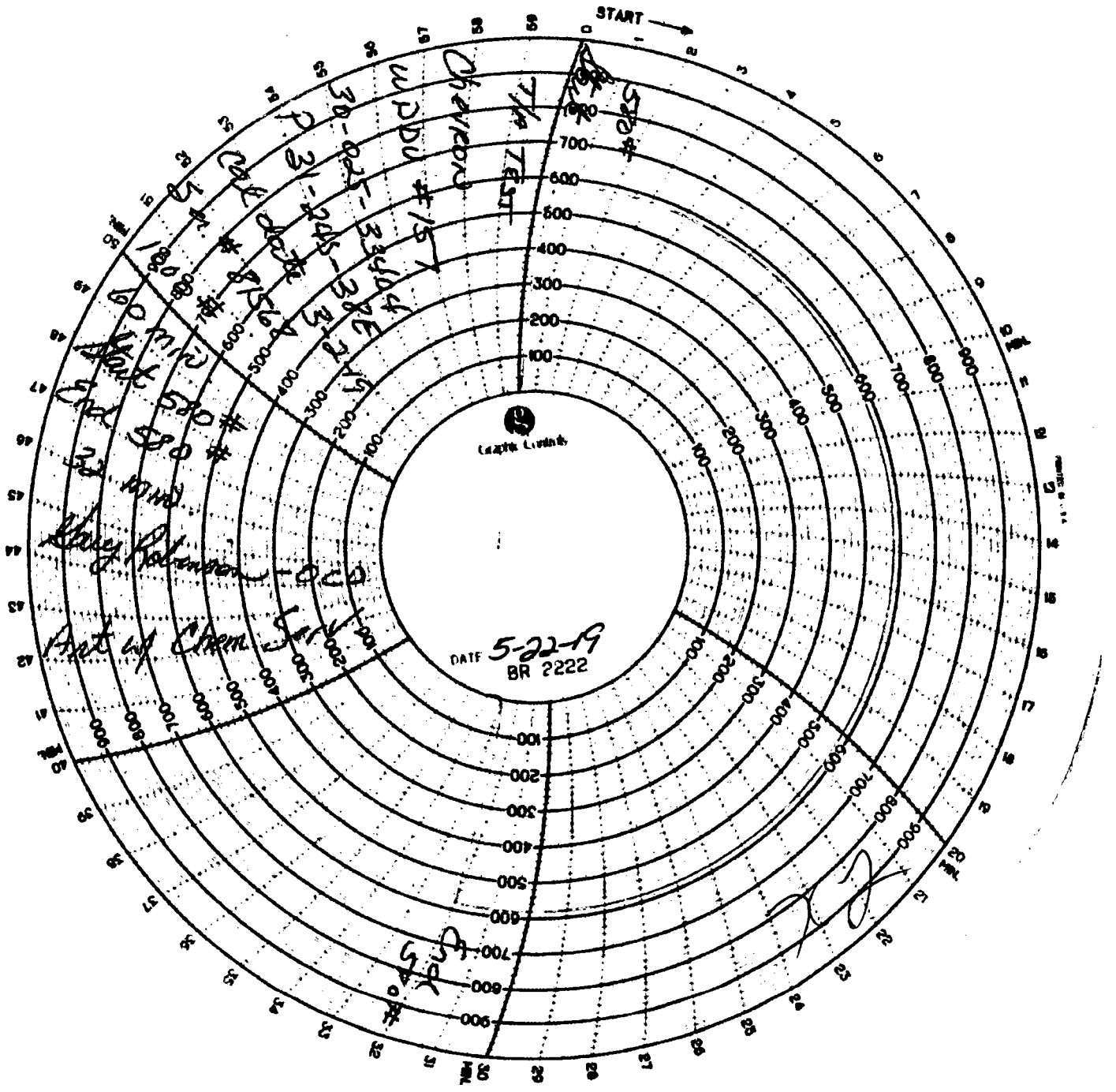
OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y / (N)	Y / N	Y / N	Y / (N)	CO2 ___
Steady Flow	Y / (N)	Y / N	Y / N	Y / (N)	WTR ___
Surges	Y / (N)	Y / N	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / (N)	Y / N	Y / N	Y / (N)	
Water	Y / (N)	Y / N	Y / N	Y / (N)	

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

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: Phone:	
Witness: Larry Robinson	

INSTRUCTIONS ON BACK OF THIS FORM


START
DATE 5-22-19
BR 2222