

State Of New Mexico

Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor
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Deputy Cabinet Secretary

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Division Director



"Response Required - Deadline Enclosed"

*Field Inspection Program
"Preserving the Integrity of Our Environment"*

14-Jun-19

CHEVRON U S A INC
6301 Deauville Blvd
Midland, TX 79706

LETTER OF VIOLATION - Field Inspection

Dear Operator:

The following inspection indicates that the well, equipment, location or operational status of the well failed to meet standards of the New Mexico Oil Conservation Division as described in the detail section below. To comply with standards imposed by Rules and Regulations of the Division, corrective action must be taken immediately and the situation brought into compliance. The detail section indicates preliminary findings and/or probable nature of the violation. This determination is based on an inspection of your well or facility by an inspector employed by the Oil Conservation Division on the date indicated.

Please notify the proper district office of the Division, in writing, of the date corrective actions are scheduled to be made so that arrangements can be made to reinspect the well and/or facility.

INSPECTION DETAIL SECTION

[30-025-32801] CENTRAL VACUUM UNIT #194

OGRID: 4323

C-06-18S-35E 14 FNL 1917 FWL

Inspection Date	Type Inspection	Inspector	Corrective Action Due By	Inspection No.
6/14/2019	Routine Inspection	[GR] Gary Robinson	9/12/2019	iGR1916529379

Violations:

Rule

19.15.26 Injection

Comment:

BHT FAILED, RULE: 19.15.26.11, PROD CASING AND TUBING EQUILIZED PRESSURE, WELL TO BE SHUT IN.

19.15 Oil and Gas

Comment:

Auto Generated Violation - MIT Failure exits.

Violation

Detection of Deficient Mechanical Integrity

Mechanical Integrity Failure Recorded

In the event that a satisfactory response is not received to this letter of direction by the "Corrective Action Due By:" date shown above, further enforcement will occur. Such enforcement may include this office applying to the Division for an order summoning you to a hearing before a Division Examiner in Santa Fe to show cause why you should not be ordered to permanently plug and abandon this well.

Sincerely,

Hobbs OCD District Office

Note: Information in Detail Section comes directly from field inspector data entries - not all blanks will contain data.

Oil Conservation Division * 1625 N. French Drive * Hobbs, NM 88240
Phone: 575-393-6161 * Fax: 575-393-0720 * www.emnrd.state.nm.us

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

* Failure

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

HOBBS OCD
RECEIVED
JUN 11 2019

BRADENHEAD TEST REPORT

Operator Name <i>Chevron Midcontinent, LP</i>		API Number <i>30-025-32801</i>
Property Name <i>Central Vacuum Unit</i>		Well No. <i>194</i>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<i>C</i>	<i>6</i>	<i>18S</i>	<i>35E</i>		<i>14</i>	<i>N</i>	<i>1917</i>	<i>W</i>	<i>Lea</i>

TA'D Well		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	<i>(NO)</i>	<i>(YES)</i>	NO	<i>(INJ)</i>	SWD	OIL	GAS	<i>5-2-19</i>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>50</i>	<i>50</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>(Y/N)</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>(Y/N)</i>	WTR _____
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS _____
Down to nothing	<i>(Y/N)</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

~~Prod. Csg~~ Prod. Csg equalized with tubing, possibly only a hole in tubing. Will set plug with wireline to test and follow up on results.

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>5-2-19</i>	Phone:
	Witness: