

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

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

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELL (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. 30-025-12382
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 1616 W. BENDER BLVD HOBBS, NM 88240		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
4. Well Location Unit Letter <u>H</u> : <u>1656</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>EAST</u> line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>LEA</u>		8. Well Number #84
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323
		10. Pool name or Wildcat DOLLARHIDE;TUBB DRINKARD

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 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: TA STATUS/CHART ATTACHED <input checked="" type="checkbox"/>
--	---

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.

07/01/2019 TEST CASING TO 565 PSI FOR 30 MINUTES. WITNESSED BY GARY ROBINSON, NMOCD
ORIGINAL MIT CHART AND A COPY ATTACHED

TA EXPIRED 07/19/2019

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 2-1-20
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 27

Spud Date:

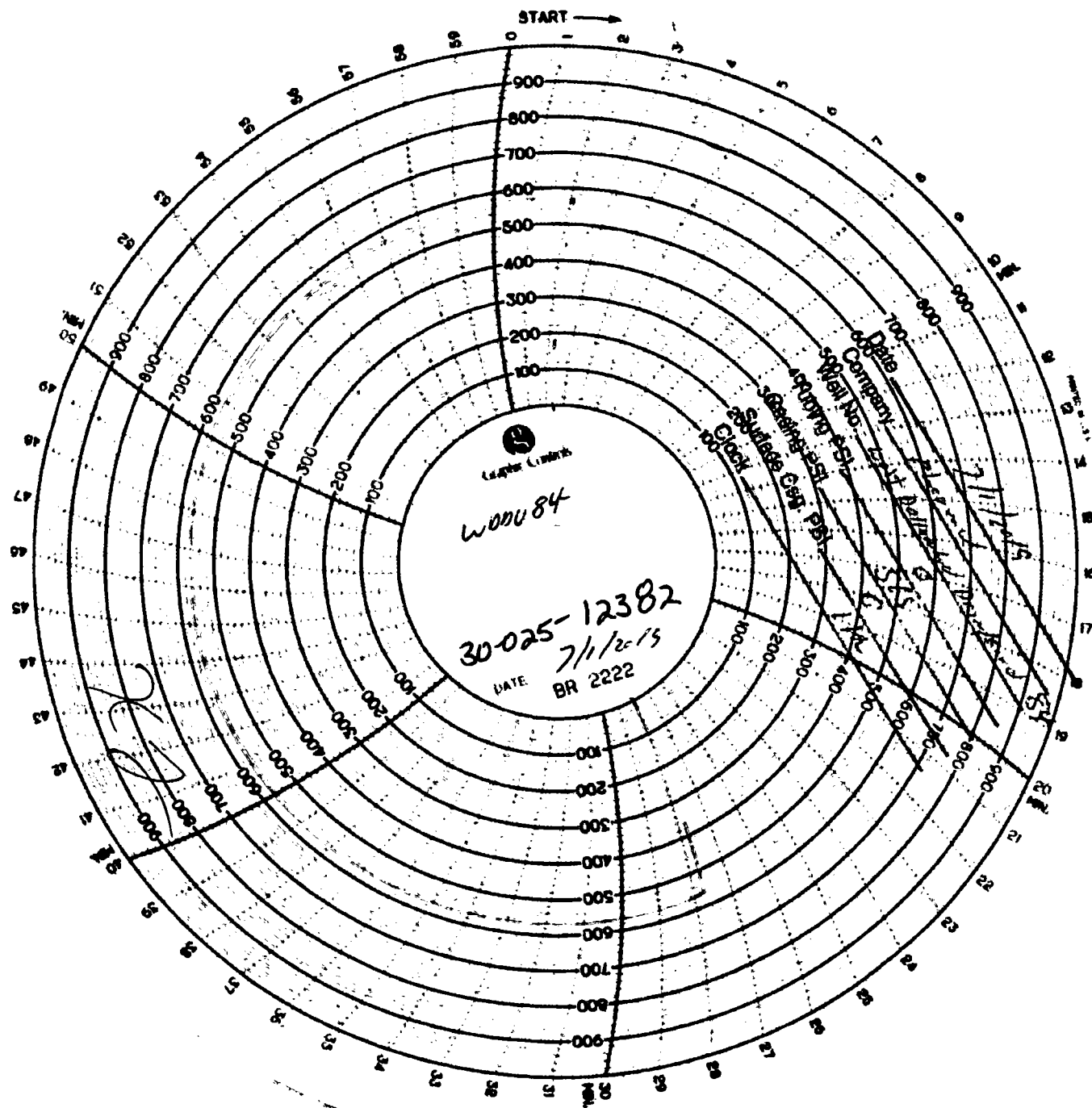
Rig Rele

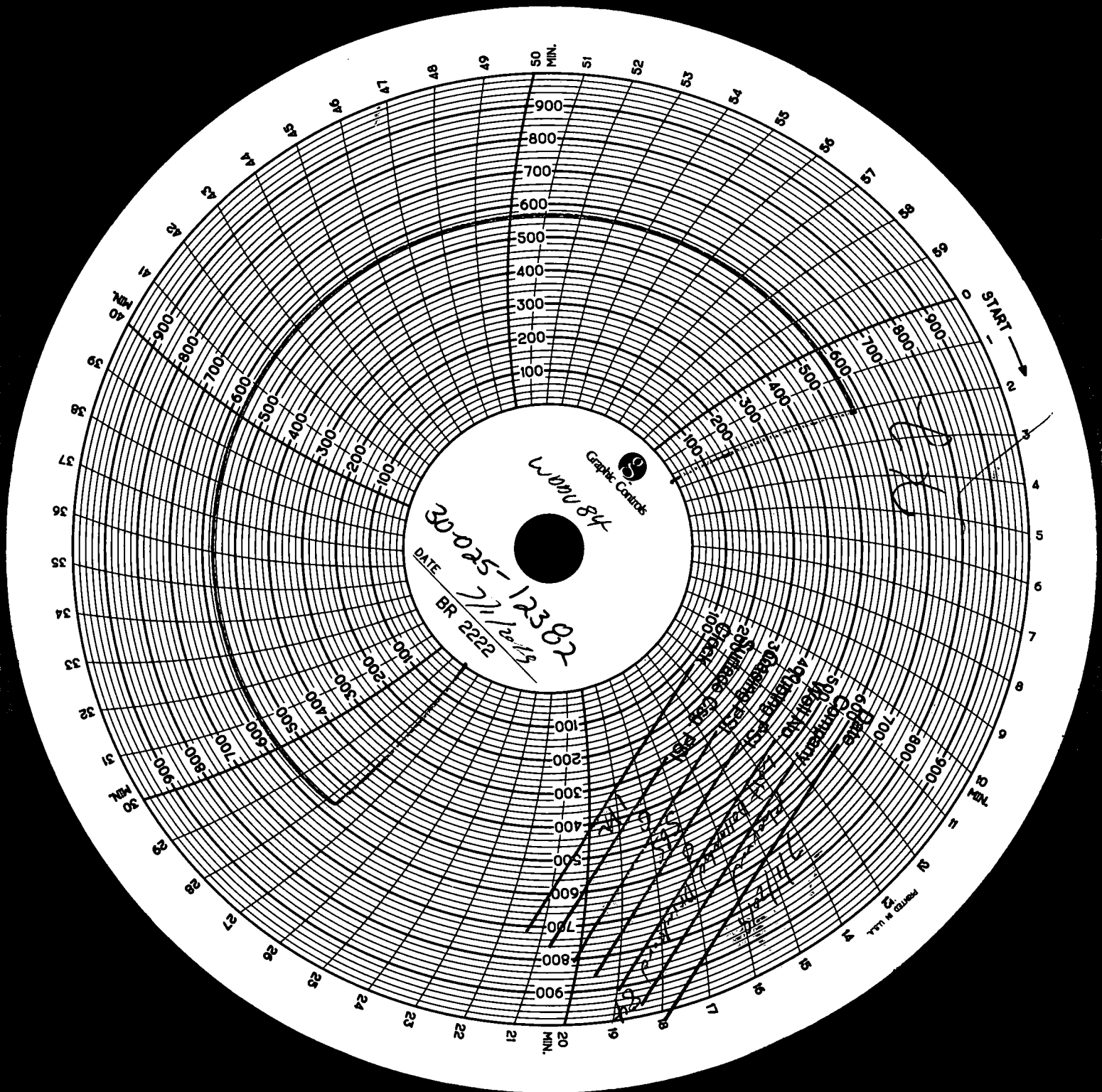
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cindy Herrera Murillo TITLE PERMITTING SPECIALIST DATE 07/31/2019

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

APPROVED BY: Kerry Luter TITLE Compliance Officer A DATE 8-1-19
Conditions of Approval (if any):





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

BRADENHEAD TEST REPORT

Operator Name Chewron	API Number 30-025-12302
Property Name WOOD	Well No. 084

1. Surface Location

UL - Lot H	Section 5	Township 25S	Range 38E	Feet from 1656	N/S Line N	Feet From 990	E/W Line E	County LEE
----------------------	---------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

<input checked="" type="radio"/> YES	FA'D WELL	<input type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN	<input type="radio"/> NO	INJ	INJECTOR	<input checked="" type="radio"/> OIL	PRODUCER	GAS	DATE 7/1/2019
--------------------------------------	-----------	--------------------------	--------------------------------------	---------	--------------------------	-----	----------	--------------------------------------	----------	-----	-------------------------

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Csg	(E) Tubing
Pressure	0			0	None
Flow Characteristics					
Pull	Y / 0	Y / N	Y / N	Y / 0	CO2 <input type="checkbox"/>
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR <input type="checkbox"/>
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	Injected for
Water	Y / N	Y / N	Y / N	Y / 0	Waterflood if
					applies

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: Bryan Murdock	Entered into RBDMS
Title: ALS - WSM	Re-test 28
E-mail Address: murdock bryan @ chevron . com	
Date: 7-1-19	
Phone:	
Witness: Darryl Lohman	

INSTRUCTIONS ON BACK OF THIS FORM