

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

WELL API NO. 30-025-23031
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 QUAIL QUEEN UNIT
8. Well Number #8
9. OGRID Number 4323
10. Pool name or Wildcat QUAIL QUEEN

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 **HOBBS OCD**

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
 Unit Letter K : 2080 feet from the SOUTH line and 1980 feet from the WEST line
 Section 11 Township 19S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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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: TA STATUS W/CHART <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.

06/02/2020 TEST CASING TO 580 PSI FOR 30 MINUTES ORIGINAL MIT CHART AND COPY IS ATTACHED.
 WELL IS TEMPORARILY ABANDONED.
 CURRENT TA EXPIRES : 06/20/2020

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 6-2-21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: KJ

Spud 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 06/04/2020

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

APPROVED BY: Kerry Ford TITLE CO A DATE 6-18-20
 Conditions of Approval (if any):

HOBBS OCD

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District I
1621 N French Dr., Hobbs, NM 88340
Phone: (575) 393-6131 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 Chevron USA	API Number 30-025-23031
Property Name Quail Queen Unit #8	Well No. 8

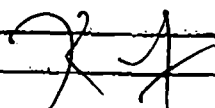
Surface Location									
UL - Lot K	Section 11	Township 19S	Range 34E	Feet from 2080	N/S Line FSL	Feet from 1980	E/W Line FWL	County LEA	

Well Status												
<input checked="" type="checkbox"/> YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE 6-2-20

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	NA	NA	0	
Flow Characteristics					
Puff	(Y/N)	Y/N	Y/N	Y/N	CO2 ___ WTR ___ GAS ___ Type of steel used for Wellhead & casing
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	

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

Signature: Clarence Fite	OIL CONSERVATION DIVISION Entered into RBDMS Re-test 
Printed name: Clarence Fite	
Title: ALCR	
E-mail Address: Fite@Chevron.com	
Date: 6-2-20	
Phone: 575-390-9084	Witness:

INSTRUCTIONS ON BACK OF THIS FORM

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MI
Chenon
Qual
30-025-230318
Cal Date - 11-4-19
Ser # 4299
1000 # in
Loop in
Start - On
END
300
Chenon
Basic

6-2-20

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