

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. 30-025-26221
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 #3Y
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 OGD**

2. Name of Operator
CHEVRON USA INC

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

4. Well Location
 Unit Letter I: 1841 feet from the SOUTH line and 759 feet from the EAST line
 Section 11 Township 19S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3960' GL

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 JUN 18 2020

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 600 PSI FOR 30 MINUTES. ORIGINAL MIT CHART AND COPY IS ATTACHED.

WELL IS TEMPORARILY ABANDONED.

CURRENT TA EXPIRES 06/24/2020

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: X7

Spud Date:

Rig

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 06/4/2020

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

APPROVED BY: Kenny Tate TITLE C O A DATE 6-18-20
 Conditions of Approval (if any):

District I
1625 N French Dr., Hobbs, NM 88340
Phone: (575) 392-6161 Fax: (575) 391-6770

HOBBS OCD

JUN 18 2020

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

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BRADENHEAD TEST REPORT

Operator Name Chevron USA	API Number 30-025-26221
Property Name Quail Queen Unit 3	Well No. 3Y

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet from	E/W Line	County
F	11	19S	34E	1841	FSL	759	FEL	LEA

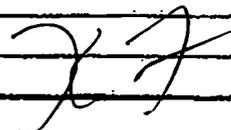
Well Status

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

	(A)Surface	(B)Interact(1)	(C)Interact(2)	(D)Prod Cons	(E)Tubing
Pressure	0	NA	NA	0	
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 WTR GAS Type of Plate (used for Watershed?) 12/02
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
Printed name: Clarence Fite	Entered into RBDMS
Title: ALCR	Re-test
E-mail Address: Fite@Chevron.com	
Date: 6-2-20 Phone: 575-390-9084	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

