

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) 34-6178  
 1000 Rio Bravos Rd., Aztec, NM 87410  
 District IV - (505) 478-2460  
 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. 30-025-06936
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 CENTRAL DRINKARD UNIT
8. Well Number #149
9. OGRID Number 4323
10. Pool name or Wildcat DRINKARD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312'GL

**DRY 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 INJ

2. Name of Operator  
CHEVRON USA INC

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

4. Well Location  
 Unit Letter I : 1980 feet from the SOUTH line and 660 feet from the EAST line  
 Section 32 Township 23S Range 37E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: ANNUAL MIT TEST <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.

**CHEVRON USA INC HAS CONDUCTED THE MIT CHART AND ANNUAL BRADENHEAD TEST ON THE ABOVE WELL.**

**\*\*\* NOTE THIS TEST IS FOR UIC ANNUAL TESTING\*\*\***

Spud Date:

Rig Release 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 LEAD HSE REGULATORY APPFAIRS DATE 08/27/2020

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

APPROVED BY: Kenny Forta TITLE CO DATE 9-3-20  
 Conditions of Approval (if any):

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 <b>Chevron USA INC</b>		API Number <b>30-025-06936</b>
Property Name <b>Central Drinkard Unit</b>		Well No <b>149</b>

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>1</b>	<b>32</b>	<b>215</b>	<b>37E</b>	<b>1980</b>	<b>FSL</b>	<b>660</b>	<b>FEL</b>	<b>Lea</b>

**Well Status**

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>8-25-2020</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(I)	(C)Interm(Z)	(D)Prod Csmg	(E)Tubing
Pressure	0	0	NA	0	850
<b>Flow Characteristics</b>					CO2 WTR ___ GAS ___ Type of Plate Indent for Waterflood if applies
Puff	Y/N	Y/C	Y/N	C/N	
Steady Flow	Y/N	Y/C	Y/N	Y/C	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	C/N	C/N	Y/N	C/N	
Gas or Oil	Y/N	Y/C	Y/N	Y/C	
Water	Y/N	Y/C	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 <i>Clarence Fite</i>	OIL CONSERVATION DIVISION
Printed name <b>Clarence Fite</b>	Entered into RBDMS
Title <b>ALCR</b>	Re-test
E-mail Address <b>Fite@Chevron.com</b>	<i>[Signature]</i>
Date <b>8-25-20</b>	
Phone <b>575-390-9084</b>	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM



