

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) 334-1177
1000 Rio Brazos Dr., Las Alamos, 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. 30-025-39095
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 #436
9. OGRID Number 4323
10. Pool name or Wildcat DRINKARD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3489'GL

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 INJ

2. Name of Operator
CHEVRON USA INC

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

4. Well Location

Unit Letter D : 660 feet from the NORTH line and 1010 feet from the WEST line
Section 29 Township 21S Range 37E NMPM County LEA

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ANNUAL MIT TEST ☒

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 AFFAIRS 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 Fort TITLE COA DATE 9-3-20
Conditions of Approval (if any):

District I
1435 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 Chevron USA INC	API Number 30-025-39095
Property Name Central Drinkard unit	Well No 4316

1. Surface Location

UL - Lot D	Section 29	Township 21S	Range 37E	Feet from 660	NS Line FWL	Feet from 1010	E/W Line FWL	County Lea
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Well Status

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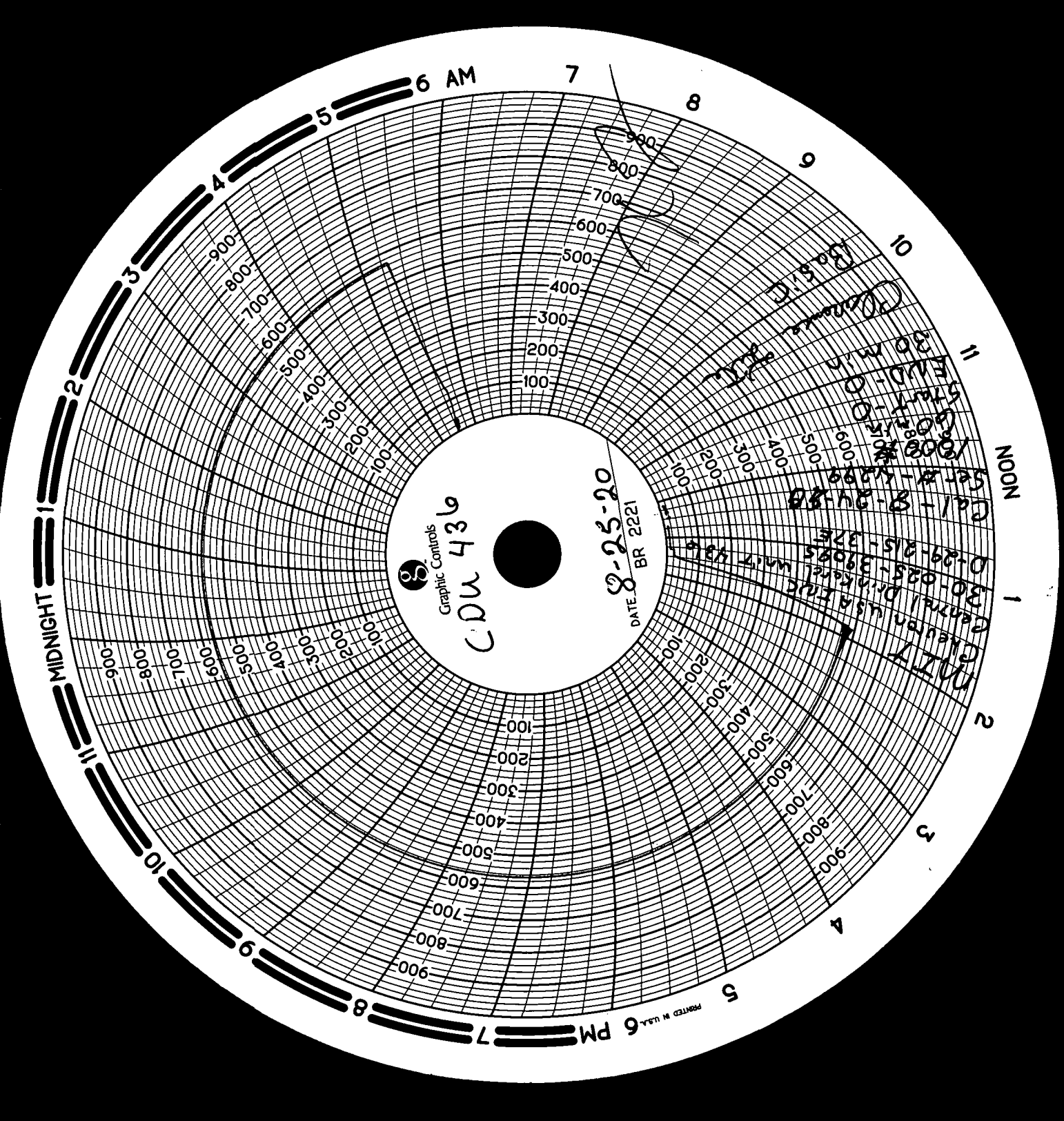
OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Cng	(E)Tubing
Pressure	0	NA	NA	0	500
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	CO2 WTR — GAS — Type of fluid Indicate for Waterflood if applies
Steady Flow	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Surges	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Down to nothing	<input checked="" type="radio"/> / N	Y / N	Y / N	<input checked="" type="radio"/> / N	
Gas or Oil	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Water	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	

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 8-25-20	
Phone 575-390-9084	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM



Graphic Controls

CDU 436

8-25-20

DATE BR 2221

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