Energy Minerals and Natural Resources   Serviced July 18, 2013	Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103						
Id23 N French Dr. Hobbs. NM 88240		Energy, Minerals and Natural Resources							
12.0 South St. Francis Dr.   STATE   FEE	1625 N. French Dr., Hobbs, NM 88240								
12.0 South St. Francis Dr.   STATE   FEE	811 S. First St. Arlesia NM 88210CD	OIL CONSERVATION DIVISION							
1.	D' - ' - 111 (606) 004 (180	1220 South St. Francis Dr.							
1.	1000 Rio Brazos Rd Alted VM 97720	Santa Fe. NM 87505							
CONDITION OF USE THIS FORM FOR REPORTS ON WELLS ON THE PORT OF T	$\frac{District IV}{District IV} = (303) + 7033 + 70000 + 70000 + 70000 + 70000 + 70000 + 70000 + 70000$	3,1,1,1,2,0,000	o. State Off & Gas Lease No.						
DONOT USE THIS FORM FOR PROPEGALS TO DRILL OR TO DEEPEN OR PLUE BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR SUCH PROPOSALS)	87505 RECEIVED								
DIFFERENT RESERVOIR, USE 'APPLICATION FOR PERMIT' FORMIC-101) FOR SUCH   PROPOSALS]   1. Type of Well: Oil Well   Gas Well   Other INI   8. Well Number #441   9. OGRID Number   4421   9. OGRID Number   4421   9. OGRID Number   4423   4323   1. Address of Operator   1616 W. BENDER BLVD   HOBBS, NM 88240   10. Pool name or Wildcat   DRINKARD   10. Pool name or Wildcat   DRINKARD   11. Pool name or Wildcat   DRINKARD   12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTERNITION TO:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   DLUCKE OF INTERNICATION   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   DLUCKED-LOOP SYSTEM   DULL OR ALTER CASING   MULTIPLE COMPL   DTHER: ANNUAL MIT TEST   MITTER CASING   DOWNHOLE COMMINGLE   DLUCKED-LOOP SYSTEM   DULKED COMMINGLE   DULK			7. Lease Name or Unit Agreement Name						
PROPOSALS)   S. Well   Gas Well   Other INJ   S. Well Number #441	, ,		CENTE AL DEDUKADO IDUE						
2. Name of Operator	PROPOSALS.)	<u> </u>							
A 323   Address of Operator   10 Pool name or Wildcat		Gas Well Other INJ							
10. Pool name or Wildcat   10. Pool name or Wi	-		1						
A. Well Location									
4. Well Location  Unit Letter D: 932   Feet from the NORTH   line and 558   feet from the WEST   line   Section 32   Township 21S   Range 37E   NMPM   County LEA    11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   PAND A   DOWN-HOLE COMMINGE   CLOSED-LOOP SYSTEM   OTHER: ANNUAL MIT TEST   MILLING OPNS   PAND A   OTHER: ANNUAL BRADENHEAD TEST ON THE ABOVE WELL.  *** NOTE THIS TEST IS FOR UIC ANNUAL TESTING***  Spud Date: Right Release Date:   Rig Release Date:    I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   Right Research Milling   PAND   PAND   PAND   TITLE   LEAD HSE REGULATORY APPFAIRS   DATE   08/27/2020   Type or print name CINDY HERRERA-MURILLO   E-mail address:   Cherremurillo@chevron.com   PHONE: 575-263-0431   For State Use Only   PAND   PAND	<u> -</u>	NDG NIM 99240							
Unit Letter D: 932 feet from the NORTH line and 558 feet from the WEST line    Section   32   Township   218   Range   37E   NMPM   County LEA	1010 W. BENDER BLVD HOE	3BS, NM 88240	DRINKARD .						
Unit Letter D: 932 feet from the NORTH line and 558 feet from the WEST line    Section   32   Township   218   Range   37E   NMPM   County LEA									
Unit Letter D: 932 feet from the NORTH line and 558 feet from the WEST line    Section   32   Township   218   Range   37E   NMPM   County LEA	4. Well Location		· L - · · · · · · · · · · · · · · · · ·						
Section   32   Township   218   Range   37E   NMPM   County   LEA	1	2 feet from the NORTH line and 558 fee	t from the WEST line						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    PERFORM REMEDIAL WORK   PLUG AND ABANDON   COMMENCE ORILLING OPNS:   P AND A    PULL OR ALTER CASING   MULTIPLE COMPL   COMMENCE ORILLING OPNS:   P AND A    PULL OR ALTER CASING   MULTIPLE COMPL   COMMENCE ORILLING OPNS:   P AND A    OTHER:   OTHER: ANNUAL MIT TEST   MIT TEST    IS 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 Right of the proposed of the performance of t									
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data    NOTICE OF INTENTION TO:	Section 32	* *	· · · · · · · · · · · · · · · · · · ·						
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: ANNUAL MIT TEST   CASING/CEMENT JOB   OTHER: ANNUAL MIT TEST   OTHER: A		11. Lievation (Snow whether DR, RRD, RT, OR, etc.							
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: ANNUAL MIT TEST   CASING/CEMENT JOB   OTHER: ANNUAL MIT TEST   OTHER: A									
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: ANNUAL MIT TEST   CASING/CEMENT JOB   OTHER: ANNUAL MIT TEST   OTHER: A	12 Chaola A	mmonriata Day to Indianta Natura of Nation	Donart on Other Data						
PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS  ALTERING CASING  COMMENCE DRILLING OPNS  PAND A  DULL OR ALTER CASING  MULTIPLE COMPL  COMMENCE DRILLING OPNS  PAND A  CASING/CEMENT JOB  CASIN	12. Check A	ppropriate box to indicate Nature of Notice,	Report of Other Data						
PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS  ALTERING CASING  COMMENCE DRILLING OPNS  PAND A  DULL OR ALTER CASING  MULTIPLE COMPL  COMMENCE DRILLING OPNS  PAND A  CASING/CEMENT JOB  CASIN	NOTICE OF INT	TENTION TO: SUB	SEQUENT REPORT OF:						
TEMPORARILY ABANDON									
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: ANNUAL MIT TEST   MIT CHART	TEMPORARILY ABANDON	<del>-</del>	<del>_</del>						
CLOSED-LOOP SYSTEM  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:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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: Turney Title C A DATE 9~ 3~ 20	PULL OR ALTER CASING	<b></b> _ <b></b>	IT JOB 🔲						
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  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: Tutle C Date 9-3-20	DOWNHOLE COMMINGLE		_						
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  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: Tutle Color Date 9-3-20	CLOSED-LOOP SYSTEM								
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:  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: Title C D DATE 9-3-20									
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  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: Hum How Title C A DATE 9-3-20									
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  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: Title C A DATE 9-3-20									
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  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:  TITLE O DATE 9~ 3~ 20	proposed completion or recompletion.								
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  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:  TITLE O DATE 9~ 3~ 20	CHEMON ICA INC HAC CONDUCTED THE MIT CHART AND ANNUAL DRADBURAD TROP CASTER								
*** 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  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: Tell Title C A DATE 9-3-20									
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  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: TITLE C A DATE 9-3-20	ADV V E VI EDL.								
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  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: TITLE C A DATE 9-3-20	*** NOTE THIS TEST IS FOR UIC ANNUAL TESTING***								
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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:  TITLE C D DATE 9-3-20									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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:  TITLE C D DATE 9-3-20		·							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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:  TITLE C D DATE 9-3-20									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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:  TITLE C D DATE 9-3-20									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  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:  TITLE C D DATE 9-3-20									
SIGNATURE	Spud Date:	Rig Release Date:							
SIGNATURE									
SIGNATURE		<u></u>							
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20	I hereby certify that the information a	bove is true and complete to the best of my knowledg	ge and belief.						
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20									
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20									
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20	Λ								
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20	Cindrellanne-1	mile							
Type or print name CINDY HERRERA-MURILLO E-mail address: Cherreramurillo@chevron.com PHONE: 575-263-0431  For State Use Only  APPROVED BY: TITLE C C D DATE 9-3-20	SIGNATURE	TITLE <u>LEAD HSE REGULAT</u>	ORY APPFAIRS_DATE 08/27/2020						
APPROVED BY: TITLE CO A DATE 9-3-20		•	DUONE 555 060 0401						
APPROVED BY: Tem Forty TITLE CO A DATE 9-3-20		KA-MURILLO E-mail address: <u>Cherreramurillo(a</u>	cnevron.com_PHONE: _575-263-0431						
	ror State Use Uniy	1.1	_						
	APPROVED BY:	TITLE ( O )	- DATE $9-3-20$						
		11100							

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

BRADENHEAD TEST REPORT									
Cheuron USA Inc					30-025-39805				
Property Name					Well No				
Centro		441							
<sup>1</sup> Surface Location									
D 32 2	D 32 215 375 Peet from NS Line 932 FNL			Feet From EAW Line 558 FW1		Lea			
Well Status									
YES TA'D WELL (NO)	SHUT-IN YES	NO (IN) INJECT		PRODUC	CER GAS	<b>Q</b> <sub>-</sub>	DATE 25-2020		
							25 2020		
OBSERVED DATA									
	(A)Surface	(B)Interp(1)	(C) Interm	(2)	(D)Prod Care		(E)Tubine		
Pressure	$\mathcal{C}$	MA	020	3	1	0	600		
Flow Characteristics						<u> </u>			
Puff	(P) N	Y/N	-	Y/N		) N	C02		
Steady Flow	Y/(1)	Y/N		Y / N	Y	100	WTR_		
Surges	Y / (8)	Y/N		Y/N	V	7 (N)	GAS		
Down to nothing	(Ý) N	Y/N		Y / N	8	או	Adjoint for		
Gas or Oil	Y / 🕙	Y/N		Y / Y	V	100	Waterfreed II applies		
Water	¥ / (N)	Y/N		Y/N	γ	7(N)			
				<del></del>					
Remarks - Please state for e	ach string (A,B,C,D,E) per	tineal information regarding	bleed down or e	ontinuous build	up if applies.				
		<del></del>							
Signature ()	2				OIL CONSI	FRVATI	ON DIVISION		
Printed name. Clarence Fite									
0.00					Entered into RBDMS  Re-test				
Title HL	10001 -01-			VC-(G2	<u></u>	CY			
						<del>\</del>	<del></del>		
Date: 8-25-2		75 510-100		<del></del>		<u> </u>			
L	Winness								



