

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO.

30-025-39805

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL DRINKARD UNIT

8. Well Number #441

9. OGRID Number

4323

10. Pool name or Wildcat

DRINKARD

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 : 932 feet from the NORTH line and 558 feet from the WEST lineSection 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:

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 Tate TITLE C O A DATE 9-3-20

Conditions of Approval (if any):

District I
1635 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 30-025-39805
Property Name Central Drinkard unit	Well No 441

Surface Location

UL - Lot D	Section 32	Township 21S	Range 37E	Feet from 932	NS Line FWL	Feet from 558	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 GAS	DATE 8-25-2020
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	NA	NA	10	600
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	CO2
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if
					applies

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



