

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. 30-025-22841
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 #12
9. OGRID Number 4323
10. Pool name or Wildcat QUAIL QUEEN

SUNDAY 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 INJECTOR

2. Name of Operator  
CHEVRON USA INC

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

4. Well Location

Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line  
Section 11 Township 19S Range 34E 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: TA STATUS W/CHART ☒

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 650 PSI FOR 30 MINUTES. ORIGINAL CHART AND COPY IS ATTACHED.  
WELL IS TEMPORARILY ABANDONED.

CURRENT TA EXPIRES 06/20/2020

**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: 2021

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 06/04/2020

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

APPROVED BY:

Kenny Int

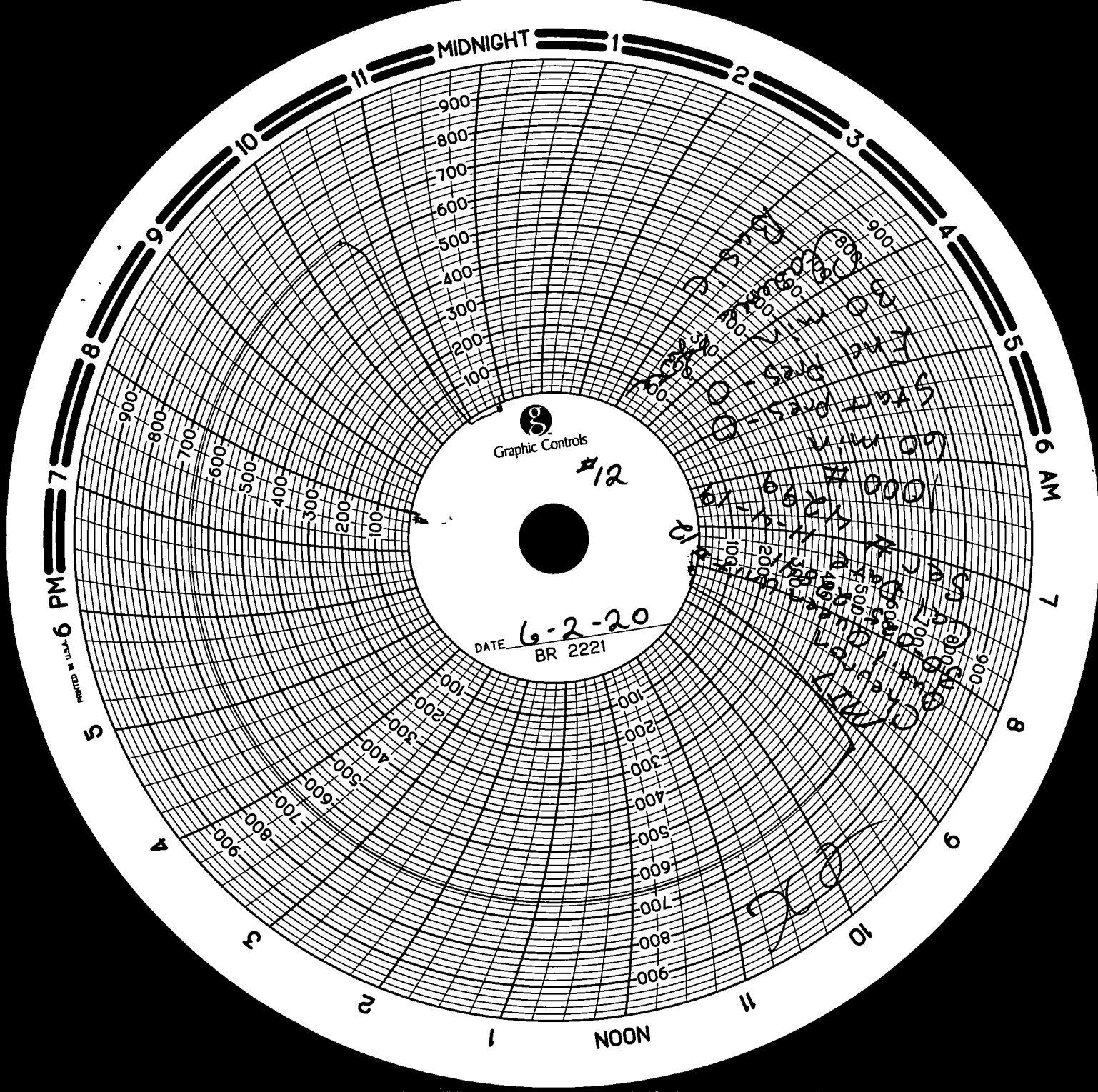
TITLE

C e A

DATE

9-14-20

Conditions of Approval (if any).



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

**BRADENHEAD TEST REPORT**

Operator Name <b>Chevron USA</b>	API Number <b>30-025-22841</b>
Property Name <b>Quail Queen Unit #12</b>	Well No. <b>12</b>

**Surface Location**

UL - Lot <b>G</b>	Section <b>11</b>	Township <b>19S</b>	Range <b>34E</b>	Feet from <b>1980</b>	N/S Line <b>FNL</b>	Feet From <b>1980</b>	E/W Line <b>FEL</b>	County <b>LEA</b>
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**Well Status**

<input checked="" type="checkbox"/> YES TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES SHUT-IN	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> INJECTOR	<input type="checkbox"/> SWD	<input type="checkbox"/> OIL	<input type="checkbox"/> PRODUCER	<input type="checkbox"/> GAS	DATE <b>6-2-20</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cms	(E)Tubing
Pressure	<b>0</b>	<b>NA</b>	<b>NA</b>	<b>0</b>	
Flow Characteristics					
Puff	<b>Y/(N)</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/(N)</b>	CO2 WTR GAS Type of fluid injected for waterflood if applies
Steady Flow	<b>Y/(N)</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/(N)</b>	
Surges	<b>Y/(N)</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/(N)</b>	
Down to nothing	<b>(Y)/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>(Y)/N</b>	
Gas or Oil	<b>Y/(N)</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/(N)</b>	
Water	<b>Y/(N)</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/(N)</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <b>Clarence Fite</b>	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>	<b>XJ</b>
Date: <b>6-2-20</b>	
Phone: <b>575-390-9084</b>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM