

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM113954
2. Name of Operator CHEVRON U.S.A. INC.		6. If Indian, Allottee or Tribe Name
Contact: DENISE PINKERTON E-Mail: leakejd@chevron.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 15 SMITH ROAD MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-687-7375	8. Well Name and No. HAYHURST 17 FEDERAL 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T25S R27E Mer NMP NWNW 55FNL 190FWL		9. API Well No. 30-015-41845
		10. Field and Pool, or Exploratory COTTONWOOD DRAW
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

CHEVRON U.S.A. INC. RESPECTFULLY REQUESTS THE USE OF A COFLEX HOSE BETWEEN THE BOP & CHOKE MANIFOLD.

variance for

PLEASE FIND ATTACHMENTS.

Accepted for record
NMOCD *105*
1-21-2014

RECEIVED

JAN 21 2014

NMOCD ARTESIA

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #229374 verified by the BLM Well Information System For CHEVRON U.S.A. INC., sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 01/13/2014 ()	
Name (Printed/Typed) DENISE PINKERTON	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 12/12/2013
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By	Title
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	

APPROVED

JAN 16 2014

/s/ Chris Wain
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Internal Hydrostatic Test Graph

August 7, 2013

Customer: Odessa

Pick Ticket #: 212332

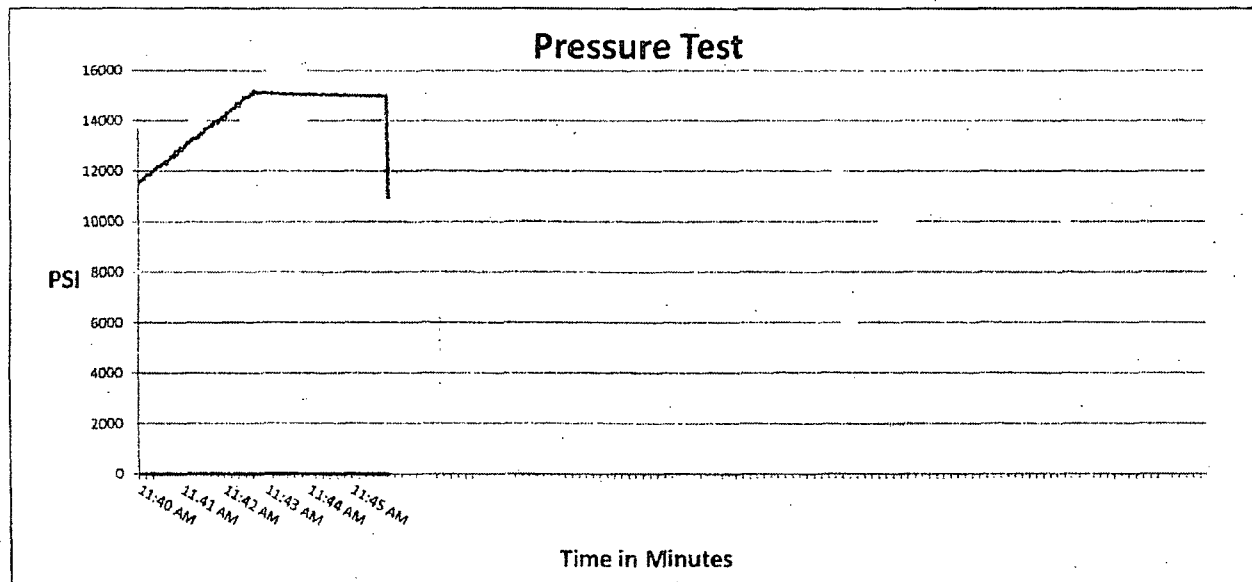
Midwest Hose
& Specialty, Inc.

Hose Specifications

Hose Type	Length
E	25'
I.D.	O.D.
3"	4.77"
Working Pressure	Burst Pressure
7500 PSI	Standard Safety Multiplier Applies

Verification

Type of Fitting	Coupling Method
4 1/16 10K	Swage
Die Size	Final O.D.
5.25"	5.31"
Hose Serial #	Hose Assembly Serial #
8104	212332



Test Pressure
15000 PSI

Time Held at Test Pressure
3 2/4 Minutes

Actual Burst Pressure

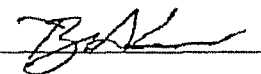
Peak Pressure
15263 PSI

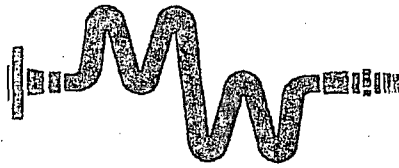
Comments: Hose assembly pressure tested with water at ambient temperature.

Tested By: Ryan Malone

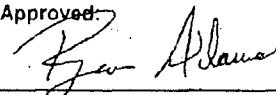
Approved By: Ryan Adams

x _____

x 



Midwest Hose
& Specialty, Inc.

INTERNAL HYDROSTATIC TEST CERTIFICATE		
Customer: ODESSA		Customer P.O. Number: 193072
HOSE SPECIFICATIONS		
Type: Rotary/CHOKE KILL GRADE E / API 7K		Hose Length: 25' FEET
I.D. 3" INCHES	O.D. 4.77 INCHES	
WORKING PRESSURE 10,000 PSI	TEST PRESSURE 15,000 PSI	BURST PRESSURE N/A PSI
COUPLINGS		
Part Number E3.0X64WB E3.0X64WB	Stem Lot Number	Ferrule Lot Number L08301765 L08301765
Type of Coupling: SWAGE-IT	Die Size: 5.25	
PROCEDURE		
<i>Hose assembly pressure tested with water at ambient temperature.</i>		
TIME HELD AT TEST PRESSURE 3 1/2 MIN.	ACTUAL BURST PRESSURE: N/A PSI	
Hose Assembly Serial Number: 212332	Hose Serial Number: 8104	
Comments:		
Date: 8/7/2013	Tested:	Approved: 

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).