

September 1, 2016

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
811 S. First St.
Artesia, NM 88210

NM OIL CONSERVATION
ARTESIA DISTRICT

SEP 06 2016

RECEIVED

Re: Form C-135: Gas Well Disconnection Notice

In accordance with 19.15.7.41 NMAC, Delaware Basin Midstream, LLC is providing the Notice of Disconnection of transportation service for gas from the wells shown on the three (3) Form C-135s enclosed herein. Should you have any questions or need additional information regarding these notices, my contact information is provided below.

Best regards,



Frank A. Davis
GM, Regulatory Affairs
832-636-3130
Frank.Davis@Anadarko.com

fad

enc. – Form C-135s for three (2) wells – Eddy County, NM

cc - C-135s for Disconnection of Gas Transportation Service file

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-135
Revised August 1, 2011

See Filing Instructions
at Bottom of Page

GAS WELL CONNECTION, RECONNECTION, OR DISCONNECTION NOTICE

This is to notify the Oil Conservation Division of the following:

Connection _____	First Delivery _____	Date _____	Initial Potential _____
Reconnection _____	First Delivery _____	Date _____	Initial Potential _____
Disconnection <input checked="" type="checkbox"/>		08-31-2016	

for delivery of gas from the

Date
CHEVRON U S A INC

Operator
BRUSHY 12 FEDERAL #001

Lease and Well Number
30-015-25416

API Number
01605221 N-12-26S-29E

Meter Number _____ Location (Unit Letter, Section, Township, Range)
[8080] BRUSHY DRAW, DELAWARE

Pool

was made on 08-31-2016
Date

AOF

Choke

OCD use only

County _____

Land Type _____

Liq. Transporter _____

DELAWARE BASIN MIDSTREAM, LLC

Transporter

Frank A Davis
Signature of Transporter Representative

Frank A. Davis

Printed Name and Title

General Manager

Address and Telephone Number

Frank.Davis@Anadarko.com

E-mail Address

FILING INSTRUCTIONS:

Each transporter of gas from a wellhead or central point of delivery shall submit this form to the appropriate district office within 30 days following the connection, reconnection, or disconnection of a well from its gathering/transportation system, in accordance with 19.15.7.41 NMAC.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
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Connection	_____	First Delivery	_____	Date	_____	Initial Potential	_____
Reconnection	_____	First Delivery	_____	Date	_____	Initial Potential	_____
Disconnection	<input checked="" type="checkbox"/>			Date	08-31-2016		

for delivery of gas from the

CHEVRON U S A INC

Operator

CORRAL CANYON 12 STATE #001H

Lease and Well Number

30-015-35771

API Number

01605248

O-12-25S-29E

Meter Number

Location (Unit Letter, Section, Township, Range)

[13365] CORRAL CANYON, DELAWARE, WEST

Pool

was made on

08-31-2016

Date

AOF

Choke

OCD use only

County _____

Land Type _____

Liq. Transporter _____

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DELAWARE BASIN MIDSTREAM, LLC

Transporter

Signature of Transporter Representative

Frank A. Davis

Printed Name and Title

General Manager

Address and Telephone Number

Frank.Davis@Anadarko.com

E-mail Address

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
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1220 S. St. Francis Dr., Santa Fe, NM 87505

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Energy Minerals and Natural Resources

Oil Conservation Division
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Connection _____	First Delivery _____	Date _____	Initial Potential _____
Reconnection _____	First Delivery _____	Date _____	Initial Potential _____
Disconnection <input checked="" type="checkbox"/>		08-31-2016	

for delivery of gas from the

Date
CHEVRON U S A INC

Operator
HIGH CHICAGO 12 STATE #001H

Lease and Well Number
30-015-36223

API Number
01605247 P-12-25S-29E

Meter Number Location (Unit Letter, Section, Township, Range)
01605247 (96473) PIERCE CROSSING, BONE SPRING, EAST

Pool

was made on 08-31-2016
Date

AOF

Choke

OCD use only

County _____
Land Type _____
Liq. Transporter _____

DELAWARE BASIN MIDSTREAM, LLC

Transporter

Frank A. Davis
Signature of Transporter Representative

Frank A. Davis

Printed Name and Title

General Manager

Address and Telephone Number

Frank.Davis@Anadarko.com

E-mail Address

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