Form 3160-5 (June 2015)

UNITED STATES

Carlsbad Field Office OMB NO. 1004-0137

	PARTMENT OF THE IN JREAU OF LAND MANA(OCD	Arte	sia_		uary 31, 2018	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				, 025 22200		erial No. 1113943		
						, Allottee or	Trihe Name	
abandoned well. Use form 3160-3 (APD) for such proposals.					0. 11 1141111			
SUBMIT IN 1	page 2		7. If Unit o	or CA/Agreen	nent, Name and/or No.			
Type of Well ☐ Gas Well ☐ Other				-	8. Well Nai SKEEN		EDERAL 6H	
Name of Operator CHEVRON USA INCORPORA	RILLO HEVRON.COM		9. API Well No. 30-015-42883-00-S1					
3a. Address 3b. Phone No. 15 SMITH ROAD Ph: 575-26 MIDLAND, TX 79705 Fx: 575-263					10. Field and Pool or Exploratory Area BONE SPRINGS WELCH			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
Sec 23 T26S R26E SWSW 33 32.021437 N Lat, 104.269468			EDDY COUNTY, NM					
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	ΓE NATURE OI	F NOTICE,	REPORT,	OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION							
= N. C CY	☐ Acidize	☐ Deep	oen	☐ Product	tion (Start/R	esume)	☐ Water Shut-Off	
■ Notice of Intent	☐ Alter Casing	☐ Hydr	aulic Fracturing	☐ Reclam	☐ Reclamation		☐ Well Integrity	
☐ Subsequent Report	□ Casing Repair	□ New	Construction	□ Recomp	Recomplete		Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon	☐ Tempor	Temporarily Abandon			
	☐ Convert to Injection	☐ Convert to Injection ☐ Plug Back ☐ Water D		Disposal				
If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Attach the stream that the site is ready for final Attach t	k will be performed or provide operations. If the operation respendence in the operation respendence in the operation of the operation of the operation. STS TO ADD PROCESS OR WILL BE INSTALLED SET ON EXISTING DISTURY TO THE GAS COMPRESE (ANCILLARY EQUIPMES (ANCILLARY EQUIPMES) OT PLAN. QUESTIONS, PLEASE OF THE OPERATION OF T	the Bond No. on sults in a multiple of only after all 1 EQUIPMENT ON THE EXIT	file with BLM/BIA completion or reco equirements, include FOR THE ABO STING WELL P. ND WILL NOT R X 7 SUCTION S ES COMPRESS RIS SMITH AT	Required sumpletion in a ming reclamation VE WELL TAD TO PROBURE AIRCRUBBER OR RESER	bsequent reponew interval, on, have been FO ADD G. DVIDE CONY NEW G. AND 100 EVE LUBE	orts must be f a Form 3160 completed ar AS LIFT D MPRESSIG SROUND BBL WILL	Tiled within 30 days -4 must be filed once and the operator has ESIGN. A ON FOR GAS ALSO BE	
For CHEVRON USA INCORPO Committed to AFMSS for processing by DE			ORAH HAM on 0	7/10/2015 (1	5DMH1377	SE)	~ 0 0 2017	
Name (Printed/Typed) CINDY H	WIURILLU		Title PERMIT	TING SPE	CIALIST	· · · · - 	KETT	
Signature (Electronic Submission)			Date 04/29/20)15				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE			
Approved By DUNCAN WHITLOCK			TitleTECHNICA	AL LPET			Date 12/21/2016	
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 Carlsbac	<u> </u>				



