Conditions of approval, if any, are attached. Approval of this notice does not warrant or

#### UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

Form 3160-5  June 2015)  DEPARTMENT OF THE INTERIOR  BUREAU OF LAND MANAGEMENT			OMB N Expires: J	FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018		
SUNDRY	5. Lease Serial No. NMNM118108					
Do not use thi abandoned wel	6. If Indian, Allottee	or Tribe Name				
SUBMIT IN 1	RIPLICATE - Other instru	uctions on page 2	7. If Unit or CA/Agre	ement, Name and/or No.		
Type of Well	er		8. Well Name and No HH SO 8 P2 5H	8. Well Name and No. HH SO 8 P2 5H		
2. Name of Operator CHEVRON U.S.A. INC. 4323		OORIAN K. FUENTES on.com	9. API Well No. 30-015-43935			
3a. Address 6301 DEAUVILLE BLVD 6301 MIDLAND, TX 79706		3b. Phone No. (include area code) Ph: 432-687-7631	10. Field and Pool or PURPLE SAGE	Exploratory Area E;WOLFCAMP (GAS		
4. Location of Well (Footage, Sec., T.	, R., M., or Survey Description)		11. County or Parish,	State		
Sec 17 T26S R27E Mer NMP NWNW 255FNL 960FWL 32.049075 N Lat, 104.217789 W Lon						
12. CHECK THE AF	PPROPRIATE BOX(ES) T	O INDICATE NATURE OF	NOTICE, REPORT, OR OT	HER DATA		
TYPE OF SUBMISSION		TYPE OF	ACTION			
Motion of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off		
Notice of Intent	☐ Alter Casing	☐ Hydraulic Fracturing	□ Reclamation	■ Well Integrity		
☐ Subsequent Report	Casing Repair	■ New Construction	☐ Recomplete	Other		
☐ Final Abandonment Notice	□ Change Plans	□ Plug and Abandon	□ Temporarily Abandon	Change to Original A PD		
	☐ Convert to Injection	☐ Plug Back	■ Water Disposal			
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi	ally or recomplete horizontally, g k will be performed or provide the operations. If the operation results and onment Notices must be filed inal inspection.	ive subsurface locations and measur he Bond No. on file with BLM/BIA. alts in a multiple completion or record d only after all requirements, including	ed and true vertical depths of all pertical Required subsequent reports must be impletion in a new interval, a Form 31	inent markers and zones. e filed within 30 days 60-4 must be filed once		
Chevron respectfully request t system to a 5M system. The n under these assumptions will I test pressures.	nax mud weight at 10500' f	for the pore pressure is a 13.6	oppg. The MASP	3		
Chevron requests a variance t throug the rig floor on surface casing. Subsequesnt tests will FMC technologies and BOP to well. please refer to the attach	casing. BOPE will be nipp be performed as needed, est information will be provi	led up and tested after cemer	which will be run nting surface eld report from t the end of this OIL CON ARTESIA	DEBANKING!		
Should questions arise contac	t me 432-687-7631 or byrs	son 832-683-0938 Accepte	d for record - NMOSIN 0	6 2017 8		

14. I hereby certify that the foregoing is true and correct RECEIVED Electronic Submission #371365 verified by the BLM Well Information System For CHEVRON U.S.A. INC. 4323, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 04/03/2017 () Name (Printed/Typed) DORIAN K. FUENTES Title REGULATORY SPECIALIST (Electronic Submission) Date 03/28/2017 Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Teungku Muchlis Krueng Date Approved By Title EIROLEUM ENGINFT

certify that the applicant holds legal or equitable title to those rights in the subject lease JUN - 2 2017 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, <del>J OF LAIND MANAGEMEN</del>T

(Instructions on page 2)

CARLSRAD SEE SUBMITTED \*\* \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 201

Form 3160-5 (June 2015)	DE BI	UNITED STATES EPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT ONOTICES AND REPORTS ON WELLS		FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018				
	SUNDRY				5. Lease Serial No. NMNM118108			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name			
	SUBMIT IN 1	TRIPLICATE - Other inst	ructions on	page 2			7. If Unit or CA/Agree	eement, Name and/or No.
1. Type of Well	. Well . 🗖 Oth						8. Well Name and No HH SO 8 P2 5H	
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3a. Address 6301 DEAUVILLE BLVD 6301 DEAUVILLE BLVD MIDLAND, TX 79706  3b. Phone No. (include area code) Ph: 432-687-7631						10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP (GAS		
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Sec 17 T26S R27 32.049075 N Lat,		NWNW 255FNL 960FWL W Lon	-				EDDY COUNT	Y, NM
12. CHE	CK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NAT	TURE OF	NOTICE,	REPORT, OR OT	HER DATA
TYPE OF SUBMI	SSION				TYPE OF	ACTION		
Notice of Intent		☐ Acidize	☐ Dee	pen		☐ Product	ion (Start/Resume)	☐ Water Shut-Off
_		☐ Alter Casing	☐ Hyd	lraulic Fr	acturing	Reclam	ation	■ Well Integrity
☐ Subsequent Repo	ort	☐ Casing Repair	□ Nev	v Constru	ection	☐ Recomp	lete	Other
☐ Final Abandonm	ent Notice	☐ Change Plans	Plug	g and Aba	andon	□ Tempor	arily Abandon	Change to Original A PD
		☐ Convert to Injection	Plug	g Back		■ Water I	Disposal	
If the proposal is to de Attach the Bond under following completion testing has been comp determined that the sit	r which the wor of the involved leted. Final Ab e is ready for fi	•	give subsurface the Bond No. or sults in a multipled only after all	locations n file with le complet requireme	and measur BLM/BIA. tion or recorents, includi	ed and true ve Required su impletion in a ing reclamatio	ertical depths of all perti- bsequent reports must be new interval, a Form 31	inent markers and zones. be filed within 30 days 60-4 must be filed once
system to a 5M sy	stem. The n	the ability to change the E nax mud weight at 10500' be 4788 psi. The attached	for the pore	pressure	e is a 13.0	ppg. The	MASP ting and	
throug the rig floor casing. Subseque FMC technologies	r on surface snt tests will and BOP te	to use a FMC Technologi casing. BOPE will be nip I be performed as needed est information will be pro ned wellhead schematic.	pled up and t i, not to exce	ested af ed 30 da	ter cemer ays. the fi	nting surfact eld report fo t the end o	e run () e om f the	and the operator has
Should questions	arise contac	et me 432-687-7631 or by	rson 832-683	-0938		Accepted	for record · NMC	OCD TO A
14. I hereby certify that t	he foregoing is	true and correct. Electronic Submission #	371365 verifie	d by the	BLM Well	Information	n Svstem	
			N U.S.A. INC.	4323, se	ent to the	Carlsbad	•	
Name (Printed/Typed)		K. FUENTES	processing by	Title		ATORY SP	**	
Signature	(Electronic S	Submission)		Date	03/28/20	)17		
<del></del>		THIS SPACE FO	OR FEDERA	L OR			SE	
	Tel	Ingku Muchlis Kruer	26			APF	ROVED	

ETROLEUW ENGINEER 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. JUN - 2 2017 Office

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## **BLOWOUT PREVENTOR SCHEMATIC**

## Minimum Requirements

**OPERATION**: Bone Springs/Wolfcamp A,C & D wells

Minimum System

Mir Pre	nimur essur	n System e Rating	: 5,000 psi		
	SIZE	PRESSURE	DESCRIPTION		
Α		N/A	Bell Nipple		
В	13 5.8	5,000 psi	Annular	<u></u>	
С	13 5 8	5,000 psi	Pipe Ram	Flowline to Shaker	
D	13 5:8	5,000 psi	Blind Ram	Fill Up Line A	
E	13 5/8"	5,000 psi	Mud Cross		
F					
	OSA	As require	d for each hole size		
		Kill L	_ine	(Composition of the composition	
SI	ZE F	RESSURE	DESCRIPTION	( <b>)</b> ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
2	•	5,000 psi	Gate Valve		
2	<u>.                                     </u>	5,000 psi	Gate Valve		
2	-	5,000 psi	Check Valve	Cray D	
				<u> </u>	
				Kill Line- 2" minimum Choke Line to Choke Manifold- 3" minimum	
		Choke	Line		
SI	ZE F	RESSURE	DESCRIPTION		
3*	-	5,000 psi	Gate Valve	HC R Valve	
3*	•	5,000 psi	HCR Valve		
				⊥ far	
	Ir	stallatio	n Checklist		
	•••	istanatio	ii onooniist		
	TI	ne following i	tem must be verified a	nd checked off prior to pressure testing of BOP equipment.	
	The installed BOP equipment meets at least the minimum requirements (rating, type, size, configuration) as shown on this schematic. Components may be substituted for equipment rated to higher pressures. Additional				
components may be put into place as long as they meet or exceed the minimum pressure rating of the system.  All valves on the kill line and choke line will be full opening and will allow straight though flow.					
The kill line and choke line will be straight unless turns use tee blocks or are targeted with running tess, and will be anchored to prevent whip and reduce vibration.					
Manual (hand wheels) or automatic locking devices will be installed on all ram preventers. Hand wheels will also be installed on all manual valves on the choke line and kill line.					
A valve will be installed in the closing line as close as possible to the annular preventer to act as a locking device.  This valve will remain open unless accumulator is inoperative.					
Upper kelly cock valve with handle will be available on rig floor along with safety valve and subs to fit all drill string connections in use.					
	Connections in use.				
After Installation Checklist is complete, fill out the information below and email to Superintendent and Drilling Engineer					
Wellname:					
Representative:					
Date:					

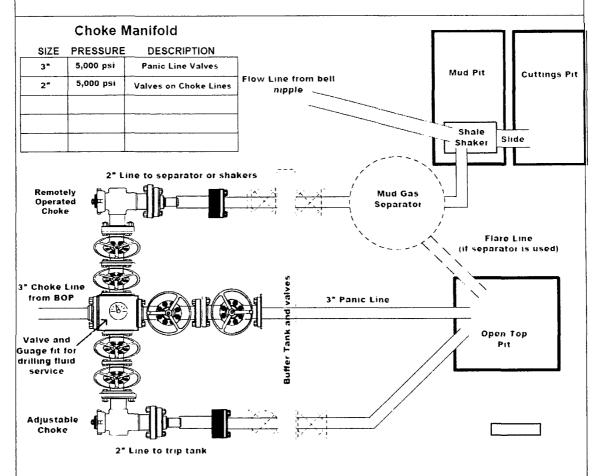
## **CHOKE MANIFOLD SCHEMATIC**

### Minimum Requirements

**OPERATION**: Bone Spring wells/ Intermediate section SWD

Minimum System Pressure Rating

5,000 psi



#### **Installation Checklist**

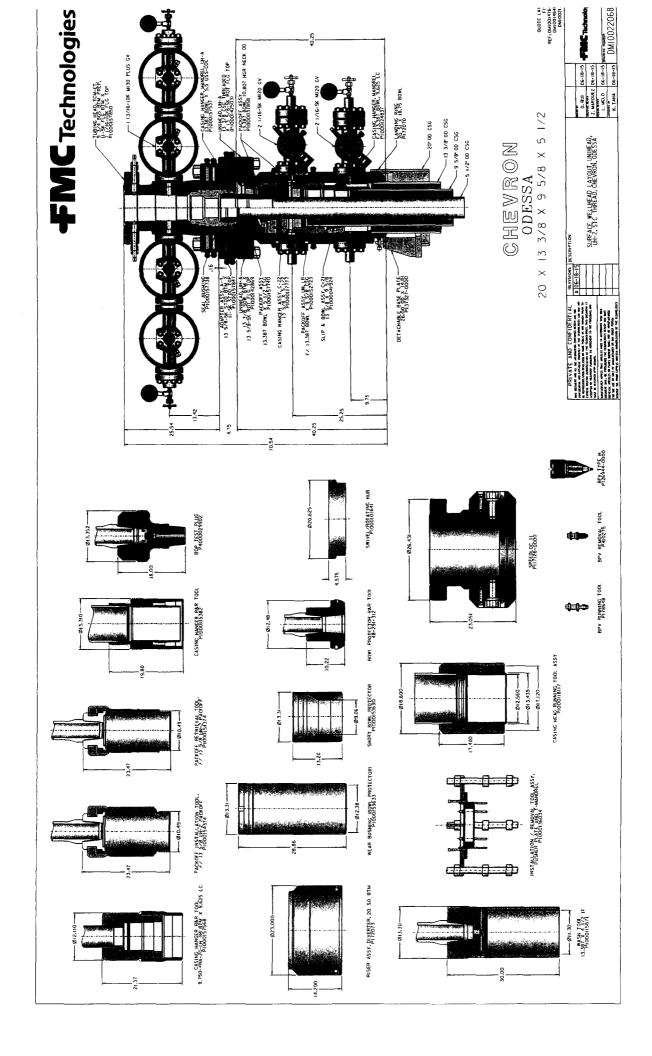
The following item must be verified and checked off prior to pressure testing of BOP equipment.

- The installed BOP equipment meets at least the minimum requirements (rating, type, size, configuration) as shown on this schematic. Components may be substituted for equivalent equipment rated to higher pressures. Additional components may be put into place as long as they meet or exceed the minimum pressure rating of the system.
- Adjustable Chokes may be Remotely Operated but will have backup hand pump for hydraulic actuation in case of loss of rig air pressure or power.
- Flare and Panic lines will terminate a minimum of 150' from the wellhead. These lines will terminate at a location as per approved APD.
- The choke line, kill line, and choke manifold lines will be straight unless turns use tee blocks or are targeted with running tess, and will be anchored to prevent whip and reduce vibration. This excludes the line between mud gas separator and shale shaker.
- All valves (except chokes) on choke line, kill line, and choke manifold will be full opening and will allow straight through flow. This excludes any valves between mud gas separator and shale shakers.
- All manual valves will have hand wheels installed.
- If used, flare system will have effective method for ignition
- All connections will be flanged, welded, or clamped (no threaded connections like hammer unions)
- If buffer tank is used, a valve will be used on all lines at any entry or exit point to or from the buffer tank.

After Installation Checklist is complete, fill out the information below and email to Superintendent and Drilling Engineer

Wellname:
Representative:

Date:



# PECOS DISTRICT DRILLING OPERATIONS CONDITIONS OF APPROVAL

All previous COA still apply except the following:

PRESSURE CONTROL

Operator has proposed a multi-bowl wellhead assembly. This assembly will only be tested when installed on the surface casing. Minimum working pressure of the blowout preventer (BOP) and related equipment (BOPE) required for drilling below the surface casing shoe shall be 5000 (5M) psi.

- a. Wellhead shall be installed by manufacturer's representatives, submit documentation with subsequent sundry.
- b. If the welding is performed by a third party, the manufacturer's representative shall monitor the temperature to verify that it does not exceed the maximum temperature of the seal.
- c. Manufacturer representative shall install the test plug for the initial BOP test.
- d. Operator shall perform the intermediate casing integrity test to 70% of the casing burst. This will test the multi-bowl seals.
- e. If the cement does not circulate and one inch operations would have been possible with a standard wellhead, the well head shall be cut off, cementing operations performed and another wellhead installed.

5M system requires an HCR valve, remote kill line and annular to match. The remote kill line is to be installed prior to testing the system and tested to stack pressure.

TMAK 06022017