

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

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. NMNM112936	
2. Name of Operator CHEVRON U S A INC		6. If Indian, Allottee or Tribe Name	
3a. Address 15 SMITH ROAD MIDLAND, TX 79705		7. If Unit or CA/Agreement, Name and/or No.	
3b. Phone No. (include area code) Ph: 432-687-7375		8. Well Name and No. KLEIN 1 FEDERAL 1	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 1 T11S R33E Mer NMP 109FNL 1579FWL		9. API Well No. 30-025-37571	
		10. Field and Pool, or Exploratory N/A	
		11. County or Parish, and State LEA 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	Successor of Operator
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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.)

CHANGE OF OPERATOR WAS NOT EXECUTED WITH THE NMOCD FOR THIS PLUGGED FEDERAL WELL.

PREVIOUS OPERATOR: CHESAPEAKE (147179)
NEW OPERATOR: CHEVRON U.S.A. INC. (4323)
EFFECTIVE DATE OF CHANGE: 10/09/2012

The undersigned accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the leased land or portion thereof as described above.

Bond Coverage: CA0329

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #252626 verified by the BLM Well Information System
For CHEVRON U S A INC, sent to the Hobbs
Committed to AFMSS for processing by LINDA JIMENEZ on 10/08/2014 ()

Name (Printed/Typed)	DENISE PINKERTON	Title	REGULATORY SPECIALIST
Signature	(Electronic Submission)	Date	07/11/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Date
<i>[Signature]</i>	01/28/16
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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

FEB 12 2016