Form 3160-5 (June 2015)

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

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

NMNM86172

| _ |        |            |  |
|---|--------|------------|--|
|   | Lease  | Serial No. |  |
|   | MANALA | M06172     |  |

6. If Indian, Allottee or Tribe Name

| SUNDRY N        |          |         |             |              |         |
|-----------------|----------|---------|-------------|--------------|---------|
| Do not use this | form for | propos  | als to dril | I or to re-e | nter an |
| abandoned well. | Use form | n 3160- | 3 (APD) fo  | or such pro  | pposals |

| abandoned wor   | 000 /0/ 0 /00 0 (A/ /  | s, ici cacii propo   | 550                              |                |  |   |   |
|---|--|--|----------------------------------|----------------|--|---|---|
|   | RIPLICATE - Other inst   | ructions on page 2   | 28 m                             | MER            | 7. If Unit or CA/Agreen                                | nent, Name and/or No.                       |   |
| Type of Well  | er   |  | ALC.                             |                | Well Name and No.     APPLESEED 17 FE                  | EDERAL 4                                    |   |
| Name of Operator     CHEVRON USA INC  |  | CINDY H MURILLO<br>AMURILLO@CHEVRO                             | N.COM                            |                | 9. API Well No. 30-025-36382                           |   |   |
| 3a. Address<br>6301 DEAUVILLE BLVD<br>MIDLAND, TX 79706   |  | 3b. Phone No. (include<br>Ph: 575-263-0431<br>Fx: 575-263-0445 | area code)                       |                | 10. Field and Pool or Ex<br>BONE SPRING                | ploratory Area                              |   |
| 4. Location of Well (Footage, Sec., T.  | , R., M., or Survey Description  | )  |                                  |                | 11. County or Parish, St                               | ate   |   |
| Sec 17 T20S R35E Mer NMP  | NWSE 1830FSL 2055FE  | L  | 1                                |                | LEA COUNTY, N  | М   | / |
| 12. CHECK THE AP  | PROPRIATE BOX(ES)  | TO INDICATE NA   | TURE OF                          | NOTICE,        | REPORT, OR OTHE  | ER DATA                                     |   |
| TYPE OF SUBMISSION  |  |  | TYPE OF A                        | ACTION         |  |   |   |
| ☑ Notice of Intent  | ☐ Acidize  | ☐ Deepen   |                                  | ☐ Product      | ion (Start/Resume)                                     | ☐ Water Shut-Off                            | î |
|   | □ Alter Casing   | ☐ Hydraulic F  | racturing                        | Reclam:        | ation  | ■ Well Integrity                            |   |
| ☐ Subsequent Report   | ☐ Casing Repair  | ■ New Constr   | uction                           | ☐ Recomp       | olete  | ☐ Other                                     |   |
| ☐ Final Abandonment Notice  | ☐ Change Plans   | ☐ Plug and Ab  | andon                            | ☐ Tempor       | arily Abandon  |   |   |
|   | ☐ Convert to Injection   | ☐ Plug Back  |                                  | ■ Water I      | Disposal   |   |   |
| 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 fit CHEVRON USA INC IS RESF #7. PLEASE FORWARD TO J | operations. If the operation re<br>landonment Notices must be fil<br>nal inspection.  PONDING TO THE WRITION STATON. | sults in a multiple comple<br>ed only after all requirem       | tion or recom<br>ents, including | ASE FINE       | new interval, a Form 3160<br>n, have been completed an | -4 must be filed once<br>d the operator has |   |
| , , , , ,   | Electronic Submission #  | VRON USA INC, sent   | to the Hob                       | bs             |  |   |   |
| Name (Printed/Typed) CINDY H I  |  | Title  | PERMITT                          |                |  |   |   |
| Signature (Electronic S   | (ubmission)  | Date   | 04/26/201                        | 7              |  |   |   |
|   |  | OR FEDERAL OR  |                                  |                | SE   |   |   |
|   |  |  |                                  |                |  |   |   |
| Approved By   |  | Title  |                                  |                |  | Date  |   |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduction   | itable title to those rights in the  | subject lease Office   |                                  |                |  |   |   |
| Title 18 U.S.C. Section 1001 and Title 43 l   | U.S.C. Section 1212, make it a   | crime for any person kno                                       | wingly and w                     | illfully to ma | ake to any department or a                             | gency of the United                         |   |

## WATER DISPOSAL ONSHORE ORDER #7

The following information is needed before your method of water disposal can be considered for approval.

| 1.                                   | Name(s) of formation (s) producing water on the lease.  Featherstone; Bone Spring                  |   |  |  |  |  |  |
|--------------------------------------|--|---|--|--|--|--|--|
| 2.                                   | Am   | ount of water produced from each formation in barrels per day.              |  |  |  |  |  |
|                                      | _  | Approximately 1/2 bbls per day  |  |  |  |  |  |
| 3. How water is stored on the lease. |  |   |  |  |  |  |  |
|                                      | _  | 2 ( 500 Barrel Oil Tanks) 1 ( 500 Barrel Water Tanks)                       |  |  |  |  |  |
| 4.                                   |  | How water is moved to disposal facility.  Hauled by Basic to Lea Fee #2 SWD |  |  |  |  |  |
| 5.                                   | 5. Operators of disposal facility a. Lease name or well name and number: <u>Basic – Lea #2 SWD</u> |   |  |  |  |  |  |
|                                      |  | API# 30-025-26782   |  |  |  |  |  |
|                                      | b.   | Location by ¼ ¼ Section, Township and Range of the disposal system :        |  |  |  |  |  |
|                                      |  | SWD is located in Section 17 T 23S R 37 E 850 FNL 950 FEL                   |  |  |  |  |  |
|                                      |  |   |  |  |  |  |  |
|                                      | C.   | The appropriate NMOCD permit number: SWD -291                               |  |  |  |  |  |
|                                      |  |   |  |  |  |  |  |
|                                      |  |   |  |  |  |  |  |

V170402 17JLS113 Form 3160-9 (December 1989) Certified OPERATOR COP UNITED STATES Y UNITED STATES DEPARTMENT OF THE INTERIOR Identification IID Receipt Requested 70160340000019467899 BUREAU OF LAND MANAGEMENT NMNM86172 Lense CA Hand Delivered Received NOTICE OF INCIDENTS OF NONCOMPLIANCE Unit PA Bureau of Land Management Offic. HOBBS INSPECTION OFFICE CHEVRON USA INCORPORATED Address 414 WEST TAYLOR Address 6301 DEAUVILLE BLVD **HOBBS NM 88240** MIDLAND TX 79706 Telephone Attention CHEVRON USA INCORPORATED 575.393.3612 Inspector Attn Addr 6301 DEAUVILLE BLVD STATON MIDLAND TX 79706 1 4 1/4 Section Meridian State Site Name Well Facility FMP Rang APPLESEED 17 4 **NWSE 17** 205 35E NMP LEA NM Meridian Well Facility FMP 1/4 1/4 Section Township Range County State Site Name APPLESEED 17 FEDERAL **NWSE 17** 35E NMP LEA NM 04 208 THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE Time (24 - hour clock) Gravity of Violation Onshore Order #7, 43 CFR 3162.5-1(b) MAJOR 04/05/2017 15:33 Be Complete By Date Connected Assessment for Noncompliance Assessment Reference 05 14/2017 43 CFR 3163.1() Remark. This office does not have a approval for water disposal on file. Submit to this office on a Sundry Notice (3160-5) a NOI for a water disposal approval. Failure to comply will result in monetary assessments When violation is corrected, sign this notice and return to above address Permitting Specialist Company Representative Title Company Comments Please find attached Onshore Order #7 -Water Disposal Form for the above well WARNING Incidents of Noncompliance correction and reporting timeframes begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By" you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction. Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3153.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits, false, inaccurate, or misleading reports, notices, affidavits, record, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days. REVIEW AND APPEAL RIGHTS A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 801 North Quincy Street, Suite 300, Arlington VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information. Signature Pay of Land Management Authorized Officer Date Time 13:26 20170406 FOR OFFICE USE ONLY Number 33 Type of Inspection

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|    |   |  |  |  |  |