

Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 

SUNDRY NOTICES AND REPORTS ON WELLS

fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Instructions on page 2)

OMB No. 1004-0137 Expires July 31, 2010

FORM APPROVED

5 Lease Serial No NMLC029420A

6 If Indian, Allottee or Tribe Name

| Do not use this form to abandoned well. Use F  |                                   |   |                                  | j.                                    |  |  |  |
|--|-----------------------------------|---|----------------------------------|---------------------------------------|--|--|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.  1. Type of Well  |                                   |   |                                  |                                       | 7. If Unit of CA/Agreement, Name and/or No. NMNM71030C |  |  |
| ✓ Oil Well ☐ Gas Well ☐ Other  |                                   |   |                                  | 8 Well Name and No<br>Skelly Unit 849 |  |  |  |
| 2 Name of Operator CHEVRON USA INCORPORATED COG Operating LLC (Agent)  |                                   |   |                                  | 9 API Well No<br>30-015-37517 ~       |  |  |  |
| 3a Address 3b. Phon  |                                   |   | (ınclude area cod                | 1                                     | 10 Field and Pool or Exploratory Area                  |  |  |
| (Agent) 550 W Texas Ave , Suite 100 Midland, TX 79701 432-68   |                                   |   | FREN, GLORIETA-YESO              |                                       |  | SO   |  |
| 4 Location of Well (Footage, Sec., T,R,M, or Survey Description)   |                                   |   |                                  |                                       | 11 Country or Parish, State                            |  |  |
| Sec 15 T17S R31E 1501 FSL 2020FEL, Unit J  |                                   | • |                                  | EDDY COUNTY, NM                       |  |  |  |
| 12 CHECK THE   | APPROPRIATE BOX                   | X(ES) TO IND                            | ICATE NATURE                     | OF NOTIC                              | E, REPORT OR OTHER                                     | DATA   |  |
| TYPE OF SUBMISSION TYPE OF ACTI  |                                   |   |                                  |                                       | ON   |  |  |
| Notice of Intent   | Acıdıze<br>Alter Casıng           | =                                       | ire Treat                        | ▼ Recla                               | ction (Start/Resume)                                   | Water Shut-Off Well Integrity                          |  |
| ▼ Subsequent Report  | Casing Repair                     |   | Construction                     | _                                     | mplete Other   |  |  |
| Final Abandonment Notice   | Change Plans Convert to Injection |   | ☐ Plug and Abandon☐ Plug Back    |                                       | Temporarily Abandon Water Disposal                     |  |  |
| determined that the site is ready for final in Interim Reclamation complete.  Downsized: 80' on East side & 60' on South side  Ready for inspection.   |                                   | FRE AI                                  | CEIVED<br>JG 29 2011<br>DCD ARTE | SIA                                   | AUG  | D FOR RECORD  2 5 200  LAND MANAGEMENT AD FIELD OFFICE |  |
| 14 I hereby certify that the foregoing is true and   | correct Name (Printed             | (Typed)                                 |                                  |                                       |  |  |  |
| Chasity Jackson  |                                   |   | Title PREPAR                     | ER                                    |  |  |  |
| Signature C. Juwswi  |                                   | :                                       | Date 03/28/20                    | 11                                    |  |  |  |
|  | THIS SPACE F                      | OR FEDE                                 | RAL OR STA                       | ATE OFF                               | ICE USE  |  |  |
| Approved by  | <u> </u>                          |   |                                  |                                       |  |  |  |
| Conditions of approval, if any, are attached Approchat the applicant holds legal or equitable title to the entitle the applicant to conduct operations thereon  Title 18 U S C Section 1001 and Title 43 U S C | ose rights in the subject         | lease which wo                          | uld Office                       | d willfully to                        | Dat make to any department o                           |  |  |

Accepted for record NMOCD