

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or re-drill an abandoned well. Use form 3160-3 (APD) for such proposals.*

**Carlsbad Field Office**  
**Oil & Artesia**

5. Lease Serial No.  
NMNM121473

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
HH SO 10 P3 24H

2. Name of Operator  
CHEVRON MIDCONTINENT LP  
Contact: DORIAN K FUENTES  
E-Mail: DJVO@CHEVRON.COM

9. API Well No.  
30-015-43926-00-X1

3a. Address  
15 SMITH ROAD  
MIDLAND, TX 79705

3b. Phone No. (include area code)  
Ph: 432-687-7631

10. Field and Pool or Exploratory Area  
WILDCAT

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 3 T26S R37E SESW 553FSL 2066FWL

11. County or Parish, State  
EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Change to Original APD
	<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 recomple 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Chevron U.S.A. INC., respectfully requests to make changes to the original permit approved 10/11/2016.

Chevron requests to change:  
BHL - from 180 FSL & 2315 FWL to 280 FSL & 2188 FEL  
PFTP- from 330 FNL & 2310 FWL to 330 FNL & 2178 FEL  
PLTP- from 330 FSL & 2315 FWL to 330 FSL & 2188 FEL

**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
FEB 06 2017

Please refer to the attached C-102 to reflect the new change request.

Chevron requests to change the proposed depth:  
TVD - from 9342 to 9288

*- All previous COA will apply. Additional COA is not required*

RECEIVED

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #359169 verified by the BLM Well Information System  
For CHEVRON MIDCONTINENT LP, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 12/13/2016 (17DLM0407SE)

Name (Printed/Typed) DORIAN K FUENTES Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 11/29/2016

**APPROVED**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

FEB 2 2017

Approved By MUSTAFA HAQUE Title PETROLEUM ENGINEER Date 02/02/2017

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 Carlsbad **BUREAU OF LAND MANAGEMENT**  
**CARLSBAD FIELD 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.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

**Additional data for EC transaction #359169 that would not fit on the form**

**32. Additional remarks, continued**

MD - from 19973 to 19604

Please refer to the attached drilling plan to comply with Onshore Order #1.

Should questions arise, please contact [djvo@chevron](mailto:djvo@chevron). or 432-687-7631.

District I  
1625 N French Dr Hobbs, NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720  
District II  
811 S First St Artesia, NM 88210  
Phone (505) 748-1283 Fax (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone (505) 334-6178 Fax (505) 334-6170  
District IV  
1220 S St Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3460 Fax (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30 015 43924		2 Pool Code 98141		3 Pool Name W.O. 015 526-THRU 10-THRU 14-THRU	
4 Property Code 317044		5 Property Name HH SO 10 P3			6 Well Number 24H
7 UGRID No. 4323		8 Operator Name CHEVRON U.S.A. INC.			9 Elevation 3279'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	3	26 SOUTH	27 EAST, N.M.P.M.		553'	SOUTH	2066'	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	15	26 SOUTH	27 EAST, N.M.P.M.		280'	SOUTH	2188'	EAST	EDDY

11 Dedicated Acres 640	12 Joint or Infill	13 Consolidation Code	14 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

HH SO 10 P3 24H WELL	
X=	547,567 NAD 27
Y=	387,534
LAT.	32.065353
LONG.	104.179781
X=	588,751 NAD83
Y=	387,591
LAT.	32.065475
LONG.	104.180273
ELEVATION +3279' NAVD 88	

**CORNER COORDINATES TABLE (NAD 27)**

A - Y=392447.75, X=545573.63  
 B - Y=387009.20, X=545492.91  
 C - Y=386937.82, X=550774.76  
 D - Y=381711.59, X=545622.05  
 E - Y=381659.95, X=550943.63  
 F - Y=376414.09, X=545653.53  
 G - Y=376383.44, X=550941.76

Mid Point  
Y=381681.49, X=548724.29  
 First Take Point  
Y=386637.11, X=548604.90  
 Last Take Point  
Y=376726.12, X=548753.73

PROPOSED BOTTOM HOLE LOCATION	
X=	548,754 NAD 27
Y=	376,676
LAT.	32.035500
LONG.	104.175999
X=	589,938 NAD83
Y=	376,733
LAT.	32.035622
LONG.	104.176491

**17 OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or leases a mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral working interest, or to a voluntary pooling agreement or a company pooling order heretofore entered by the division.

Signature: *[Signature]* Date: 11/29/2010

Printed Name: *[Name]*

E-mail Address: *[Email]*

**18 SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: 01-05-2010

Signature and Seal of Professional Surveyor: *[Signature]*

Certificate Number: 23006

1. **FORMATION TOPS**

The estimated tops of important geologic markers are as follows:

FORMATION	SUB-SEA TVD	KBTVD	MD
Castille		704	
Lamar		2289	
Bell		2329	
Cherry		3164	
Brushy		4354	
Bone Spring/Avalon		5944	
First Bone Spring Sand		6834	
Second Bone Spring Sand		7534	
Third Bone Spring Carbonate Marker		8439	
Third Bone Spring Carbonate		8549	
Third Bone Spring Sand		8669	
Wolfcamp A		8999	
Lateral TVD Wolfcamp A		9288	19604

2. **ESTIMATED DEPTH OF WATER, OIL, GAS & OTHER MINERAL BEARING FORMATIONS**

The estimated depths at which the top and bottom of the anticipated water, oil, gas, or other mineral bearing formations are expected to be encountered are as follows:

Substance	Formation	Depth
Deepest Expected Base of Fresh Water		450
Water	Castille	704
Water	Cherry Canyon	3164
Oil/Gas	Brushy Canyon	4354
Oil/Gas	Bone Spring Limestone	6834
Oil/Gas	Second Bone Spring Sand	7534
Oil/Gas	Third Bone Spring Carbonate Marker	8439
Oil/Gas	Harkey Sand	8549
Oil/Gas	Wolfcamp A	8999

All shows of fresh water and minerals will be reported and protected.

3. **BOP EQUIPMENT**

PLEASE REFERENCE MDP

4. CASING PROGRAM

Purpose	From	To	Hole Size	Csg Size	Weight	Grade	Thread	Condition
Surface	0'	450'	17-1/2"	13-3/8"	54.5 #	K-55	STC	New
Intermediate	0'	9,015'	12-1/4"	9-5/8"	43.5#	L-80	TXP	New
Production	0'	19,604'	8-1/2"	5-1/2"	20.0 #	P-110	TXP	New

**SF Calculations based on the following "Worst Case" casing design:**

Surface Casing: 450'  
 Intermediate Casing: 9015'  
 Production Casing: 19604.26' MD/9288.14' TVD (10,858' VS @ 90.3 deg inc)

Casing String	Min SF Burst	Min SF Collapse	Min SF Tension	Min SF Tri-Axial
Surface	1.82	5.11	3.97	2.31
Intermediate	2.9	1.34	1.79	2.22
Production	1.26	1.66	2.54	1.31

Min SF is the smallest of a group of safety factors that include the following considerations:

	Surf	Int	Prod
<b>Burst Design</b>			
Pressure Test- Surface, Int, Prod Csg P external: Water P internal: Test psi + next section heaviest mud in csg	X	X	X
Displace to Gas- Surf Csg P external: Water P internal: Dry Gas from Next Csg Point	X		
Frac at Shoe, Gas to Surf- Int Csg P external: Water P internal: Dry Gas, 15 ppg Frac Gradient		X	
Stimulation (Frac) Pressures- Prod Csg P external: Water P internal: Max inj pressure w/ heaviest injected fluid			X
Tubing leak- Prod Csg (packer at KOP) P external: Water P internal: Leak just below surf, 8.7 ppg packer fluid			X
<b>Collapse Design</b>			
Full Evacuation P external: Water gradient in cement, mud above TOC P internal: none	X	X	X
Cementing- Surf, Int, Prod Csg P external: Wet cement P internal: water	X	X	X
<b>Tension Design</b>			
100k lb overpull	X	X	X

5. CEMENTING PROGRAM

Slurry	Type	Cement Top	Cement Bottom	Weight (ppg)	Yield (sx/cu ft)	%Excess Open Hole	Sacks	Water gal/sk
<b>Surface</b>								
Tail	Class C	0'	450'	14.8	1.33	50	356	6.37
<b>Intermediate</b>								
Stage 2 Lead	50:50 Poz: Class C + Antifoam, Extender, Salt, Retarder	0'	1,100'	11.9	2.43	50	213	14.21
Stage 2 Tail	Class C + Antifoam, Retarder, Viscosifier	1,100'	2,100'	14.8	1.33	0	235	6.37
DV TOOL		2,100'						
Stage 1 Lead	50:50 Poz: Class H + Extender, Antifoam, Retarder, Salt, Viscosifier	2,100'	8,015'	11.9	2.43	100	1524	13.76
Stage 1 Tail	Class H + Retarder, Extender, Dispersant	8,015'	9,015'	15.6	1.21	50	389	5.54
<b>Production</b>								
Lead	50:50 Poz: Class H + Extender, Antifoam, Dispersant, Retarder	7,015'	8,015'	14.5	1.21	100	430	5.54
Tail	Class H + Viscosifier, Antifoam, Dispersant, Fluid Loss, Retarder, Expanding Agent	8,015'	19,604'	15.6	1.2	50	3422	5.30

6. **MUD PROGRAM**

From	To	Type	Weight	F. Vis	Filtrate
0'	450'	Spud Mud	8.3 - 8.7	32 - 34	NC - NC
450'	9015'	OBM	9.0 - 9.5	50 - 70	5.0 - 10
9015'	19,604'	OBM	10.0 - 13.5	50 - 70	5.0 - 10

7. **TESTING, LOGGING, AND CORING**

TYPE	Logs	Interval	Timing	Vendor
Mudlogs	2 man mudlog	Int Csg to TD	Drillout of Int Csg	TBD
LWD	MWD Gamma	Int. and Prod. Hole	While Drilling	TBD

8. **ABNORMAL PRESSURES AND HYDROGEN SULFIDE**

PLEASE REFERENCE MDP