SUNDAY SUPPORT OF AND REPORTS ON WELLS 1: Lees Serial No. Do not loss the form for ADDORADES to diff or in center an bandoned well. Use form 3760-3 (APD) for such proposals. 6: If Induit, Matter or Thie Name I. Type of Well SUBMIT IN TRIPLICATE - Other instructions on page 2 7: If Unit or CAAgement, Name and/or No. I. Type of Well 0.00 well @ Ga Well 0 other 8: Well Name and/or No. O Well & Ga Well 0 other 8: Well Name and/or No. 2: Name of Operates Consist. DORIAN K FUENTES 9: AFt Well No. 3: Addres. EAMEL dooled-berron.com 30: 0416-4333 3: Addres. Consist. DORIAN K FUENTES 9: AFt Well No. 3: Addres. Consist. The APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Well Standard Well No. 1: CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Well Standard Well No. TYPE OF SUBMISSION TYPE OF ACTION Well Standard Well No. 1: CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Well Standard Well No. TYPE OF SUBMISSION TYPE OF ACTION Well Standard Well No. 1: CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Well No.		UNITED STATES EPARTMENT OF THE IN UREAU OF LAND MANA	NTERIOR	NMO Artes	(OMB NG Expires: Ja	APPROVED), 1004-0137 nuary 31, 2018			
abandoned well. Use form 3160-3 (APD) for such proposals. E. Hindlait. Andrea to the example SUBMIT IN TRIPLICATE - Other instructions on page 2 7. If Unit or CAAgement, Name and we No. 1. Type of Well B. Well Doher 8. Well Mane and Well. 0.01 Well & Gas Well Doher 8. Well Mane and Well. 9. API Well No. 2. Name of Operator Contact: DORIAN K FUENTES 9. API Well No. 3. Address E-Mail. dipolicit for State and Well. 10. Flad and No. 3. Address Contact: DORIAN K FUENTES 9. API Well No. 3. Address F. Jones No. (include area code) Phile Mane and Well. 4. Location of Weil Goards. Sci. T. R. M. or Survey Description? 10. Flad and No. 10. Flad and No. 3. Address Goards. Sci. T. R. M. or Survey Description? 11. Country or Pariab. State EDDY COUNTY, NM 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Water Shut-Off 3. Address Contact to Injection Production (Start/Resume) Water Shut-Off 3. Notice of Intent Advidize Description Production (Start/Resume) Water Shut-Off 3. Sheeperent Report Construct to Injection Plug and Abandon Properating howein ho	SUNDRY	NOTICES AND REPO	RTS ON WEL	LS	14	5. Lease Serial No. NMNM121473				
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Dividi B Gas Well Dober PHIS 0109 8H Chine of OpenAlity Contact DORIAN K FUENTES 9. All Well No. 38. Address F.Adali dyo@chevron.com 9. All Well No. 30.015743937 38. Address F.Mali dyo@chevron.com 9. All Well No. 30.015743937 38. Address F.Mali dyo@chevron.com 9. All Well No. 30.015743937 38. Address F.Mali dyo@chevron.com 9. All Well No. 30.015743937 38. Address For Carbon Phi: 432-687-7631 10. Field and Paol Paol 41. Location of Well T (Friendeg: Soc. T. R. M. or Survey Duscription) 11. Coursy or Paria's, State EDDY COUNTY, NM 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION Water Shuh-Of 13. Notice of Intent Acidize Deepen Production (Statr/Resume) Water Shuh-Of 13. Describe Physical Courser to Injection Phig and Abandon Temporarily Abandon Change to Original 13. Describe Physical Complete Openitor Phig Bate Adard Bate Other 14. The openality or complete Openitor Phig Bate Adard Bate Other 15. Describe Physical Complete Openitor Phig Bate Adard Bate Other 16. Intent Acidize Inthe openality or complete Adard Bate Other <td>SUBMIT IN T</td> <td>TRIPLICATE - Other inst</td> <td>ructions on pa</td> <td>ge 2</td> <td></td> <td>7. If Unit or CA/Agree</td> <td>ment, Name and/or No.</td>	SUBMIT IN T	TRIPLICATE - Other inst	ructions on pa	ge 2		7. If Unit or CA/Agree	ment, Name and/or No.			
2. None of Openaior CelebreCoN 4323 E-Mail: djvo@chevron.com 30-015-43937 33- Addres 6501 DEALVINLE BLVD MIDLAND, TX 75706 4. Location of Well (Poologo, Sec. 7, R. M. or Survey Description) Sec 3 T26S R27E Mor NNP NENW 603FSL 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 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 13. Decrebe Proposed or Complete Operation, Clearly and Parish and Parish and Parish State EDDY COUNTY, NM 14. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 14. Change Rapair 15. Decrebe Proposed or Complete Operation, Clearly and Abandon 15. Decrebe Proposed or Completed Operation, Clearly and Abandon 15. Describe Proposed or Completed Operation, Clearly and approximate duration thereof 16. Addition of the intervious data at pertinent details, including estimated staring date of may proposed work and approximate duration thereof 15. Describe Proposed or Completed Operation, Clearly and approximate data clearly of the with BM84A, Required area conspleted and the generation and the set of the operation and the field while 30 days 15. Describe Proposed or Completed Operation, Clearly and approximate data field and the operation and the field while 30 days 16. Describe Proposed or Completed Operation, Clearly and approximate data field and the operation and the field while 30 days 17. Addition the early field field and the operation and the field while 30 days 18. Describe Proposed or Completed Operation, Clearly and approximate data field and the operation and the field while 30 days 19. Describe Proposed or Completed Operation, Clearly and addition, thereof 10. Describe Proposed or Completed Operation and the field while a days for field once 19. Describe Proposed or Completed Operation and the operation and the field once 19. Describe Proposed or Completed Operation and the ope				<u></u>						
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Should you have questions, please contact ROD @ 281-413-9794. RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED Received with the foregoing is true and correct. 14. 1 hereby certify that the foregoing is true and correct. Electronic Submission #387248 verified by the BLM Well Information System For CHEVRON 4323, sent to the Carisbad Committed to AFMSS for processing by PRISCILLAPPEREZ on 10/02/2017 () Name (Printed Typed) DORIAN K FUENTES Signature (Electronic Submission) Tate 09/01/2017 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved onditions of approval, if any, are attached Approved of this notice does not variation rifty that the applicant holds legal or exhibite the rom. Office Office Itel 18 U.S.C. Section 1001 and Tiple 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	following completion of the involved testing has been completed. Final At determined that the site is ready for f Chevron respectfully request t We will set the casing in the T avoid a frac hit. The cement v	l operations. If the operation res bandonment Notices must be fil- final inspection. to change the intermediate 'hird Bone Spring carbona	sults in a multiple of ed only after all rec e casing depths the formation to	ompletion or reco uirements, includ to avoid a pos ensure a good	mpletion in a n ing reclamation ssible frac hi FIT and to	ew interval, a Form 316 , have been completed a t. NM OIL CC ARTESJ	0-4 must be filed once nd the operator has DNSERVATION: A DISTRICT			
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Ruf 2-14-18

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Delaware Basin Changes to APD/COA for Federal Well



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Well Names:

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HH SO 10 P2	21H	
HH SO 10 P2	22H	
HH SO 10 P2	23H	
HH SO 10 P2	24H	
HH SO 10 P2	25H	
HH SO 10 P2	26H	

Rig:

Patterson 815

CVX CONTACT:

Roderick Milligan MCBU Drilling Engineer Chevron North America Exploration and Production Co. MidContinent Business Unit Office: (713) 372-2011 Cell: (281) 413-9794 Email: RXMQ@CHEVRON.COM

Summary of Changes to APD Submission

Chevron respectfully request to change the intermediate casing setting depths to avoid a possible frac hit. We will set the casing in the Third BoneSpring carbonate formation to ensure a good FIT and to avoid a frac hit. The cement volumes have been updated to reflect the change to the setting depth.

4. CASING PROGRAM

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Purpose	From	То	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'	8,700'	12-1/4"	9-5/8"	40.0 #	L-80	TXP	New
Production	0'	XXXX	8-1/2"	5-1/2"	20.0 #	P-110	TXP	New

Slurry	Туре	Cement Top	Cement Bottom	Weight	Yield	%Excess	Sacks	Water
Intermediate			Bottom	Weight		/0 EXCC33		
	50:50 Poz: Class C + Antifoam, Extender, Salt, Retarder	0'	1,100'	11.9	2.43	0	142	14.21
Stage 2 Tail	source and a second and appropriate the second state and appropriate state of the second state of the seco	1,100' 2,1	2,100'	14.8	1.33	0	235	6.37
DV Toal		<u> </u>	oc.					
Stage 1 Lead	50:50 Poz: Class C	2,100'	8,015'	11.9	2.43	0	762	13.76
Stage 1 Tail	Class H	8,015'	8,700'	15.6	1.21	0	259	5.54

Changes Summary

Summary: Variance to change the intermediate casing setting depths to avoid a possible frac hit. We will set the casing in the Third BoneSpring carbonate to ensure a good FIT and to avoid a frac hit. The cement volumes have been updated to reflect the change to the setting depth.