

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB No 1004-0137  
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 page 2**

1 Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

2 Name of Operator  
CHEVRON U.S.A. INC

3a Address  
15 SMITH ROAD  
MIDLAND, TEXAS 79705

3b Phone No (include area code)  
432-687-7375

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1100' FNL & 660' FEL, SEC 14, T-17S, R-31E, UL A

5 Lease Serial No  
NM-98120

6 If Indian, Allottee or Tribe Name

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

8 Well Name and No  
SKELLY UNIT #905

9 API Well No  
30-015-31371

10 Field and Pool or Exploratory Area  
SWD: CISCO

11 Country or Parish, State  
EDDY COUNTY, NEW MEXICO

12 CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 <b>PACKER</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>REPAIR</b>
	<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 recomplete 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 recompletion 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.)

8-21-10: MIRU. 8-22-10: WELL ON VAC. PRESSURE BACKSIDE TO 500 PSI. TEST FAILED. 8-23-10: UNSET PKR.  
8-24-10: MOVE OUT PROD TBG. MOVE IN WS. 8-25-10: PU TBG & TIH TO 9855. TAG UP HARD @ 9875. PU OLD PROD PKR.. TIH & SET PKR.  
8-26-10: SET CIBP @ 190,090. PU PLUG & SET PLUG @ 9773. LEAVE PKR HANGING @ 9757. SET PKR. REL PKR. PRESS TEST CSG CSG  
LEAKED. SET PKR @ 6314. PULL UP & SET @ 5627. 8-27-10: FOUND CSG LEAK IN TOP SET OF SQZ PERFS. ISOLATED BETWEEN 5245 AND  
5373. SET RBP @ 5505 SET PKR @ 5270. REL PKR. DUMP 30' SAND DN TBG ONTO RBP. SPOT 12 BLS ACID TO END OT TBG SET PKR.  
8-28-10 REL PKR. SET PKR @ 4923 REL PKR. SPOT 30 SX CMT AROUND BTM OF TBG. EOT @ 4831 PKR @ 4357. REV OUT W/65 BLS FW  
SET PKR. SQZ OLD PERFS. 8-29-10: REL PKR. TAG CMT @ 5100. DRILL DN TO 5171 8-30-10: DRILL DN TO 5233. 8-31-10 DRILL CMT  
5233-5264. DRILL 5264-5388. DRILL FR 5264 FELL OUT @ 5395. REL RBP 9-02-10. PMP 170 BLS PKR FLUID DN BACKSIDE.  
9-03-10 PRESSURE TEST CSG TO 550 PSI FOR NMOCD. GOOD TEST (WITNESSED BY RICHARD INGE).  
RIG DOWN. FINAL REPORT (ORIGINAL CHART WAS RETAINED BY NMOCD) COPY ATTACHED

Accepted for record  
NMOCD  
10/13/10

**RECEIVED**  
OCT 07 2010  
NMOCD ARTESIA

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)  
DENISE PINKERTON

Title REGULATORY SPECIALIST

Signature

*Denise Pinkerton*

Date 09/30/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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

(Instructions on page 2)

**ACCEPTED FOR RECORD**  
OCT 5 2010  
/s/ Dustin Winkler  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE