Form 3160-5 (August 2007)	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM27506 6. If Indian, Allottee or Tribe Name						
SUN Do not u							
abandone							
SUBMITI	7. If Unit or CA/Agreement, Name and/or No.						
1. Type of Well Gas Well	8. Well Name and No. SALADO DRAW 19 26 33 FED 3H						
2. Name of Operator CHEVRON USA INC	E-Mail: CHERREF	HEVRON.COM	OCD	9. API Well No. 30-025-42280			
3a. Address 1616 W. BENDER BLVI HOBBS, NM 88240	3b. Phone No. (include area code) Ph: 575-263-0431 Fx: 575-263-0445			10. Field and Pool, or Exploratory WILDCAT;BONE SPRING			
4. Location of Well (Footage,	Sec., T., R., M., or Survey Description	1)	NUA		11. County or Parish, and State		
Sec 19 T26S R33E Mer	NMP NENW 200FNL 1968FW	RECEIVED			LEA COUNTY, NM		
12. CHECK	APPROPRIATE BOX(ES) TO	O INDICATE	NATURE OF	NOTICE, R	EPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	I						
□ Notice of Intent	Acidize	Deep	en	Produc	tion (Start/Resume)	U Water Sh	ut-Off
2	Alter Casing	Fract	ure Treat	Reclam	Reclamation		egrity
Subsequent Report	Casing Repair	□ New	Construction	Recom	plete	Other Wall Sand	
Final Abandonment Not	tice Change Plans	Plug	Plug and Abandon		mporarily Abandon Well Spud		
01/20/2015 SPUD WEL NOTIFIED BLM ON 01/	19/2015 OF INTENT TO SPUD						
14. I hereby certify that the fore	roing is the and correct					2.2	
T4. Thereby certify that the foregoing is the and correct. Electronic Submission #312981 verified by the BLM Well Information System For CHEVRON USA INC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 08/18/2015 PTED FOR RECORD Name(Printed/Typed) CINDY H MURILLO Title PERMITTING SPECIAL ST							
Signature (Elec	tronic Submission)		Date 08/17/2		OCT 2 3	3 2015	_
	THIS SPACE FO	DR FEDERAL	OR STATE	OFFICE U	BUREAU OF LAND	MANAGEMEN	
Approved By Conditions of approval, if any, are	attached. Approval of this notice does	not warrant or	Title		CARLSBAD FI	ELD OFFICE	<u> </u>
certify that the applicant holds lega which would entitle the applicant to	Office KZ rson knowingly and willfully to make to any department or agency of the United				nited		
	dulent statements or representations as				and to any department o	agency of the Of	inted
** OP	ERATOR-SUBMITTED ** O	PERATOR-S	UBMITTED	** OPERAT	OR-SUBMITTED) **	

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