	m 3160-5 the 2015) UNITED STATES DEPARTMENT OF THE INT			HOB	8.9	FORM APPROVED OMB NO, 1004-0137 Expires: January 31, 2018 DLease Serial No NMNM125653	
	SUNDRY N	IOTICES AND REPO	RTS ON WE	LLS OCT	000	DLease Serial No NMNM125653	
Do aba	o not use this andoned well	form for proposals to Use form 3160-3 (API	drill or to re- D) for such pi	enter an 2 oposals.	4 2017	6. If Indian, Allottee o	r Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No		
1. Type of Well				SSGEA		8. Well Name and No. SALADO DRAW 2	29 26 33 FED COM
2. Name of Operator CHEVRON USA	INC	Contact: E-Mail: CHERRER	CINDY H MU AMURILLO@C	RILLO HEVRON.COM		9. API Well No. 30-025-42440	
6301 DEAUVILLE BLVD Ph: 575			3b Phone No. Ph: 575-263 Fx: 575-263	5-263-0431 WILDCA		10. Field and Pool or WILDCAT; BON	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description))	11. County or Parish, State			
Sec 29 T26S R33	3E Mar NMP N	NWNE 136FNL 1457FEL		1		LEA COUNTY,	NM
12. CHF	SCK THE AP	PROPRIATE BOX(ES)	TO INDICAT	TE NATURE O	F NOTICE,	REPORT, OR OTH	HER DATA
TYPE OF SUBM	ISSION		TYPE OF ACTION				
Notice of Intent		Acidize	idize 🔲 Deepen		Produc	tion (Start/Resume)	Water Shut-Of
_	□ Alter Casing		Hydraulic Fracturing		🗖 Reclam	Reclamation 🗆 Well Integrity	
Subsequent Rep	ort	Casing Repair New Constru		Construction	Recom	Recomplete Recomplete Other	
🗖 Final Abandonm	nent Notice	Change Plans	D Plug	ig and Abandon 🔲 Tempo		rarily Abandon	Surface Disturba
		Convert to Injection	Convert to Injection 🔲 Plug Back 🗌 Wat		□ Water]	Disposal	
CHEVRON USA CHEVRON USA OF THE PAD. TH CHEVRON HAS COLLOCATING ENGINEER, A C/	pleted. Final Aba inte is ready for fir INC RESPEC HIS WILL ALL A ROW IN TH PAD 2 AND P ALL AT 432-6	TFULLY REQUESTS TO OW OPERATIONS TO I HIS AREA IN PLACE AN AD 8. IF YOU HAVE AN	cd only after all i O RELOCATE HAVE ACCES D WE ALREA IY QUESTION	equirements, inclus THE ENTRAN S TO PAD 2 W DY REDUCED IS, PLEASE GI	ding reclamation CE OF SAL HILE THE I THE SURF VE CALEB	ADO DRAW PAD 2 ADO DRAW PAD 2 ORILLING RID IS ON ACE DISTURBANC BROWN, FACILITIE	TO THE SE SIDE
Rem	10/18	2/17-					
14. I hereby certify that	the foregoing is	Electronic Submission #	388433 verifie VRON USA IN	l by the BLM We C, sent to the H	ll Informatio obbs	n System	
Name (Printed/Typed) CINDY H MURILLO				Title PERMITTING SPECIALIST			
Signature	(Electronic Si	ubmission)		Date 09/14/2	017		
and the second se		THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE	
	Approved By Croff Myth				Title Fay FIELD MANAGER Date		
tion - been proof - been many and	Crof A	14/1					
time the proof the second second	any, are attached iolds legal or equi plicant to conduct	pproval of this notice does table title to those rights in the ct operations thereon	not warrant or subject lease	Office CARL	SBAD FIEL	DOFFICE	<i>.</i>



