Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

OCD Hobbs

FORM APPROVED OMB NO. 1004-0137

Expires: January 31, 2018

5. Lease Serial No. NMNM118722

Do not use thi abandoned we	6. If Indian, Allottee o	6. If Indian, Allottee or Tribe Name Unit or CA/Agreement, Name and/or No.					
SUBMIT IN	TRIPLICATE - Other instru	ctions on page 2	MAY A A	Of Unit or CA/Agre	ement, Name and/or No.		
Type of Well		IR.		8. Well Name and No. SD WE 14 FEDE	· · · · ·		
Name of Operator CHEVRON USA INC	Contact: CI E-Mail: CHERRERAM	NDY H MURILLO """ MURILLO@CHEVRON.	COM	9. API Well No. 30-025-43086			
3a. Address 6301 DEAUVILLE BLVD MIDLAND, TX 79706	F	b. Phone No. (include are Ph: 575-263-0431 Fx: 575-263-0445	a code)	10. Field and Pool or BONE SPRING			
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)		- -	11. County or Parish,	State		
Sec 14 T26S R32E SESE 215	FSL 698FEL			LEA COUNTY,	LEA COUNTY, NM		
12. CHECK THE AI	PPROPRIATE BOX(ES) TO	O INDICATE NATU	RE OF NOTI	CE, REPORT, OR OTI	HER DATA		
TYPE OF SUBMISSION		TY	PE OF ACTIO	N			
☐ Notice of Intent	☐ Acidize	Deepen	☐ Pro	duction (Start/Resume)	■ Water Shut-Off		
☑ Subsequent Report	☐ Alter Casing	☐ Hydraulic Fract	_	lamation	■ Well Integrity		
_ , .	☐ Casing Repair	□ New Constructi	_	omplete	⊘ Other		
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Aband		nporarily Abandon			
13. Describe Proposed or Completed Op	☐ Convert to Injection	☐ Plug Back		ter Disposal			
testing has been completed. Final Aldetermined that the site is ready for for the complete of	inal inspection. PONDING TO NOTICE OF I TO BLM THROUGH WIS O THE NOTICE OF NONCOMI	NON COMPLIANCE (N 09/20/2018, PLEAS	@ 18JLS74. T E SEE ATTA	HE SUNDRIES ON TH	E ABOVE BMITTED ALONG R RECORD 2018 ANAGEMENT		
14. I hereby certify that the foregoing is	Electronic Submission #41	 1840 verified by the BL RON USA INC, sent to	M Well Informathe Hobbs	ation System			
	Committed to AFMSS for pro	cessing by DEBORAH	MCKINNEY o				
Name (Printed/Typed) CINDY H	MURILLO	Title P	ERMITTING S	PECIALIST			
Signature (Electronic S	Submission)	Date 04	/17/2018				
	THIS SPACE FOR	FEDERAL OR ST	ATE OFFICI	USE			
Approved By		Title			Date		
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu	iitable title to those rights in the su						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				to make to any department or	agency of the United		

(Instructions on page 2)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **



OPERATOR COPY

Kec'a 4-16-18 V 180402

Type of Inspection

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(December 1989)							Numa		
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Centified Mail - Return	מתח [THE INTI	שחומי			ification	
Receipt Requested 70160240000019468438							IID		
						Lease NMN	M118722		
I Hand Delivered Received NOTICE OF INCIDENTS OF NON				OF NONCO	MPLIAN	CE	Unit		
							PA		
Bureau of Land Management Office		· · · · · · · · · · · · · · · · · · ·	O ₁	perator					
HOBBS	INSPECTION OFFIC	E			CHEVE	RON US	A INC		
Address 41	4 WEST TAYLOR		Ac	ditress ,	1616 W.	BENDE	R BLVD		
	DBBS_NM_88240				HOBB	S NM 8	38240	·	
Тејерћине	E7E 202 2042		Aı	tention	CINDY	1.5 6.41.15			
Inspector	575.393.3612			nn Addr		H MUI			
thispector	STATON		[^	101 7(00)	1.616 W. HORR	S NW 8			
Site Name	Well/Facility/FMP	1/4 1/4 Section	Township	Range	Meridian	County	30240	Sust	
LSBAD FMT SALADO DE	1		268	1 7.	NMP	1	LEA	NN	
Site Name	Well Facility/FMP	1/4 1/4 Section	Township	Range	Meridian	County		State	
(SEE ATTACHED)			<u> </u>						
THE FOLLOWING VIOL	ATION WAS FOUND BY B	UREAU OF LÂN	DMANAG	EMENT INSPECTO	IRS ON THE HA	TE AND A	A THE SITE LIST	ED ABOVE	
Date	Time (24 - hour clerk)		Vial	ation	Ì	Gravity of V	io ation	
									
04/09/2018		09:51		43 CFR 3	162.5-1(b)	-	MINO)R	
Corrective Action To							Assessment Reference		
He Completed By	L/n	te Corrected		Assessment for	Noncompliance				
05/07/2018							43 CFR 3	1163.1()	
				/					
When violation is corrected, sign thi	s natice and telum to above ad	dress		A 2.0	- مادی				
Company Representative Title F	Permitting Specialist		Signatu	re o	ne Mulle			4/16/2018	
Company Comments The Su	ndries have been su	bmitted to Bl	M on 0	9/2 <mark>0/2017. Ple</mark>	ase see atta	ched si	undries.		
1110 30	TIGHOO HAVO DOON OF								
									
			WARN	ING					
Incidents of Noncompliance co.	rection and reporting time	frames begin upo	n receipt o	f this Notice or 7 b	usiness days afte	er the date	it is mailed, which	ebever is	
earlier. Each violation must be address shown above. Please to	corrected within the preser	ibed time from to	eccipt of th	is Notice and repo	ried to the Burea	of Land	Management off	ice at the	
not comply as noted above unde	er "Corrective Action To B	c Completed By*	" you may i	incur an additional	assessment unde	r (43 CFI	3163 D and mag	y also inca	
Civil Penalties (43 CFR 3163.2)). All self-certified correct	ions must be pos	tmarked no	later than the nex	business day af	er the pre	scribed time for c	correction.	
Section 109(d)(1) of the Federa									
Title 43 CFR 3163.2(f)(1), provinctices, affidavits, record, data	ides that any person who " or other written informatic	knowingly or wil no recured by th	lifully" pre is part shal	pares, maintains, c il be liable for a civ	r submits, false, il penalty of pol	inaccurate lo S35.000	e, or misleading re O per violation for	eports. Feach	
day such violation continues, no					an framerica da alfr				
		REVIEW	AND AP	PEAL RIGHT	rs.				
A person contesting a violation		or review of the	Incidents o	f Noncompliance	This request int				
receipt of the Incidents of None Interior Board of Lands Appeal	ompliance with the approp	mate State Direct	tor (see 43	CFR 3165.3). The	State Director re	eview dec	ision may be app	enled to the	
Management office for further i		. Sone Sitt, Afili	igida VM 2	(acc 45 CP)(Contac	THE BOO	io mieu muleau u	11 LINE	
Signature of Hureau of Lend Manag	remani Authorized Officer					Date	I _T	іпіс	
RAA	Service Commission (2011)	-					80409	9:51	
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Number	Date	Assessa	nc rit	Pe	alty		Tennination		

Additional information for Incident of Noncompliance Number 18JLS74 Wells and/or Foolities and 18 JUST

Wells and/or Facilities and/or FMPs, continued

Page 2 of 2

Site Name	Well/Facility/F	MP 1/4 1/4 Sec	Twn	Range	Mer	Lease	State	County
SALADO DRAW 24 CTB SD WE 14 FEDERAL P7 SD WE 14 FEDERAL P7 SD WE 24 FED P23 SD WE 24 FED P23 SD WE 24 FED P23 SD WE 24 FED P23	8 3H 4H 1H 2H 3H 4H	SESE 14 SESE 14 SWSW 24 SWSW 24 SESW 24	265 265 265 265 265 265 265	32E 32E 32E 32E 32E 32E 32E 32E	NMP NMP NMP NMP NMP NMP NMP	NMNM118722 NMNM118722 NMNM118722 NMNM118722 NMNM118722 NMNM118722	NM NM NM NM NM NM	LEA LEA LEA LEA LEA LEA

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Form 3160-9 (December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR

	Page of
	Identification
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Lease	NMNM118722
CA	
Unit	

18JL\$74

Certified Mail - Return Receipt Requested 70160340000019468438 BUREAU OF LAND MANAGEMENT Hand Delivered Received by NOTICE OF INCIDENTS OF NONCOMPLIANCE PA Bureau of Land Management Office Operator HOBBS INSPECTION OFFICE CHEVRON USA INC Address Adılıcası 414 WEST TAYLOR HOBBS NM 88240 1616 W. BENDER BLVD HOBBS NM 88240 Telephone Attention 575.393.3612 CINDY H MURILLO Inspector Atta Addr 1616 W. BENDER BLVD STATON **HOBBS NM 88240** Site Name Well/Facility/FMP 14 1/4 Section Township Range Meridian County Susta CARLSBAD FMT SALADO DRAW ств Α 265 32E NMP LEA NM Well Facility FMP 1/4 1/4 Section Townshin Range Meridian County State (SEE ATTACHED) THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE BATE AND AT THE SITE LISTED ABOVE Time (24 - hour clock) Gravity of Violation Date **Violation** 43 CFR 3162.5-1(b) 04/09/2018 09:51 MINOR Conceive Action To Be Completed By Date-Corrected Assessment for Noncompliance Assessment Reference 05/07/2018 43 CFR 3163.1() Remarks This office does not have a approval for water disposal on file. Submit to this office on a Sundry Notice (3160-5) a NOI for a water disposal approval. Failure to comply will result in monetary assessments. When violation is corrected, sign this natice and return to above address Condyllanore Minute 04/16/2018 Permitting Specialist Company Representative Title Signature The sundries have been submitted to BLM on 09/20/2017. Please see attached sundries. Commany Comments WARNING Incidents of Noncompliance correction and reporting timeframes begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By" you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction. Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at 1 itle 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits, false, inaccurate, or misleading reports, notices, affidavits, record, data, or other written information required by this part shall be hable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days REVIEW AND APPEAL RIGHTS A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 801 North Quincy Street. Suite 300, Arlington VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information. Signature Bureau of Land Management Authorized Officer Date 20180409 FOR OFFICE USE ONLY Number Date Assesiment Penidiy Penningtion Type of Inspection

Additional information for Incident of Noncompliance Number 18JLS74

Wells and/or Facilities and/or FMPs, continued

Page 2 of 2

Site Name	Well/Facility	/FMP 1/4 1/4 Sec Twi	Range	Mer	Lease	State	County
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