

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB No 1004-0137
Expires October 31, 2014

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.**

5 Lease Serial No.
NMNM070522

6 If Indian, Allottee or Tribe Name

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

7 If Unit of CA/Agreement, Name and/or No
NM71153

8 Well Name and No
VARIOUS WELLS Below

9 API Well No
Below

10 Field and Pool or Exploratory Area
79040

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)
T-21S, R-23E, VARIOUS

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	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" 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 BACK ON PRODUCTION
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleat 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 recompleat 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.)

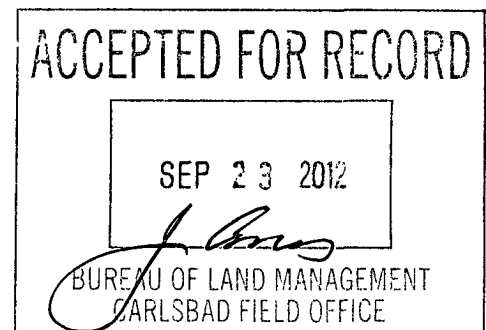
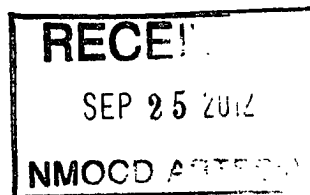
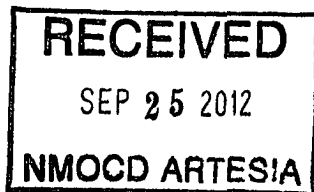
DUE TO OXY PIPELINE REPAIR BEING FIXED, THE FOLLOWING WELLS ARE BACK ON PRODUCTION AS OF 08-24-12

Federal 33 Gas Com #2

30-015-28953

Section 33

QTR SWNE



14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Denise Pinkerton

Title Regulatory Specialist

Signature

Denise Pinkerton

Date 08/28/2012

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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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Operator Copy

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INDIAN BASIN GAS PRODUCTION WAS SHUT IN LAST WEEK DUE TO AN OXY PIPELINE REPAIR THAT IS ANTICIPATED TO BE FIXED AND BACK ONLINE AROUND AUGUST 1, 2012. SINCE CHEVRON SENDS PRODUCED GAS THROUGH THIS PIPELINE OWNED BY OXY, THE FOLLOWING WELLS ON THIS LEASE WILL BE DIRECTLY AFFECTED BY THIS REPAIR.

CHEVRON RESPECTFULLY REQUESTS THAT THE FOLLOWING WELLS CONTINUE TO BE VALID AND PRODUCING WELLS DURING THIS PERIOD OF NON-PRODUCTION.

Federal 33 Gas Com #2 30-015-28953 Section 33 QTR SWNE NA 71153



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

Title REGULATORY SPECIALIST

Signature

Denise Pinkerton

Date 06/05/2012

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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