

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.**

5. Lease Serial No.  
NMLC029420A

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 USA INCORPORATED COG Operating LLC (Agent)

3a Address  
(Agent)  
600 W Illinois Ave., Midland, TX 79701

3b. Phone No. (include area code)  
432-685-4332

7 If Unit of CA/Agreement, Name and/or No  
NMNM71030C

8 Well Name and No  
Skelly Unit 833

9 API Well No  
30-015-38448

10 Field and Pool or Exploratory Area  
FREN; GLORIETA-YESO

4. Location of Well (Footage, Sec., T, R, M., or Survey Description)

Sec 15 T17S R31E 900 FNL 1851 FEL, Unit B

11 Country 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 type="checkbox"/> Other _____
	<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.)

The following info is to amend the first production date, test info and well status on the original 3160-4, section #28.

First Production: March 01, 2012.

Test date: August 13, 2012

24 hr Test

Oil: 39

Gas: 53

Water: 116

Oil Gravity Corr 37.2

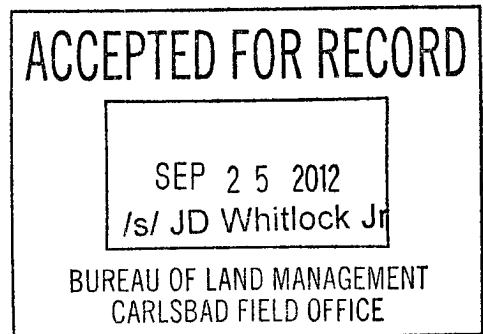
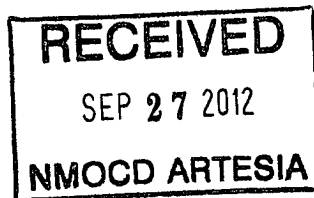
Gas Gravity: .60

Csg pressure: 70

Gas/Oil Ratio: 1358

Production Method: Electric Pumping Unit

Well Status: Producing Oil Well Effective: 03/01/2012



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

Kanicia Castillo

Title Agent

Signature

Date 08/30/2012

**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)