SUBCAU OF LAND MANAGEMENT       Artesia         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. NMNM107368         SUBMIT IN TRIPLICATE - Other instructions on page 2       6. If Indian, Allottee or Tribe Name         SUBMIT IN TRIPLICATE - Other instructions on page 2       7. If Unit or CA/Agreement, Name and/or No. PEACHES 19 FEDERAL 1H         Oil Well       Gas Well       Other         Name of Operator CHEVRON USA INC       Contact: CINDY H MURILLO E-Mail: CHERRERAMURILLO@CHEVRON.COM       9. API Well No. 30-015-40250         3a. Address 6301 DEAUVILLE BLVD MIDLAND, TX 79706       3b. Phone No. (include area code) Phy. 575-263-0445       10. Field and Pool or Exploratory Area COTTONWOOD DRAW;BONE SF Fx: 575-263-0445         4. Location of Well       (Footage, Sec., T., R. M., or Survey Description) Sec 19 T25S R27E NWNE 330FNL 2310FEL       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	Form 3160-5 (June 2015) DE	UNITED STATES PARTMENT OF THE D	NTERIOR	NMOC	D OMB N Expires	APPROVED NO. 1004-0137 January 31, 2018
Do not use this form for proposals to drill or to re-ritery in abandoned with Use form 310-01 APD/ or such proposals.         I filledim_Alberte or Trike Name           SUBMIT IN TRIPLICATE - Other instructions on page 2         1. Iffendim_Alberte or Trike Name         1. Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Iffendim_Alberte or Trike Name           I ope of Well         Get Well         Get Well         Get Well         Get Well </th <th></th> <th></th> <th></th> <th>Artesia</th> <th>5. Lease Serial No.</th> <th></th>				Artesia	5. Lease Serial No.	
Type of Well	Do not use this form for proposals to drill or to re-enter an		an als.			
Bool Weil         Classes         Classes         PEACHES TREERAL 1H           2. None of pression         Context:         CNUVLE         Sector         3e 011 Veil (PERCENTUSA INC         E-Amait: OHERRERANUELLOGIC-EXPONICOM         3e/015-40250           3e Addrest         Sector         3e/010EAUVILLE ELVD         Ph: 575-283-0445         10         Fibral and Food registration of Veil (Participations) Atm.           4. Location HVVIII         (Participations) Atm.         EDV ODUNTY, NM         EDV ODUNTY, NM           12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION         III County or brain, State           13. Subsequent Report         Oncite of Intern         Once on the other o	SUBMIT IN	TRIPLICATE - Other inst	tructions on page i	2	7. If Unit or CA/Agr	eement, Name and/or No
CHEVRON USA INC       E-Mail: CHERRERAMURILL@ECHEVRPN.COM       30:01264250         3h: Address       (1) Tield ad Poice Exploratory Arm         3h: Address       (1) Tield ad Poice Exploratory Arm         4Location of Well       (2) Molecano, TX 19700         5h: Address       (2) Tield ad Poice Exploratory Arm         See 19 T25S R27E NWNE 330FNL 2310FEL       (1) Country or Parial, State         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Isabasequent Report       Address         Change Plans       Plug and Alandon         Subasequent Report       Change Plans         Change Plans       Plug and Alandon         The proposal of Completed Operation. Clearly Mail Infectuation       Reclamation         Subasequent Report       Convert to Injection       Plug and Alandon         I besche Proposal of Completed Operation. Clearly Mail Infectuation and measurement advances and one completed advancement between advances       File advances         13. Desche Proposal of Completed Operation. Clearly Mail Infectuation advances       Subasequent Report       Convert to Injection         14. proposal of the foregoing discumptly or resonation advances       Convert to Injection       Plug and Alandon       Temporatily Alandon         15. Desche Proposal of Completed Operation.		<u>, - a Million an Allin</u> g	1			
BOID DEALVITLE BLVD     Ph: 575-263-043     COTTONWOOD DRAWBONE SE     MIDLAND, TX 7970     F: 575-263-043     COTTONWOOD DRAWBONE SE     COTTONWOOD DRAWBONE SE     See 19 7255 R37E NWNE 330FNL 2310FEL     II. County or Parish, State     EDDY COUNTY, NM     III. County or Parish, State     IIII. IIIIIIIIIIIIIIIIIIIIIIIIIIII	2. Name of Operator CHEVRON USA INC	Contact: E-Mail: CHERRER	CINDY H MURILLO	ON.COM		
4. Location of Well       //fourage. Sec. T. R. M. or Surrey Description         Sec 19 T2SS R27E NWNE 330FNL 2310FEL       II. County or Parity, State         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Botice of Intent       Actidize       Descent         Casing Repair       Notice of Intent       Actidize         Casing Repair       New Construction       Recomplete         Casing Repair       New Construction       Recomplete         Casing Repair       Plug Back       Water Disposal         13. Decribe Proposid of Completed Operation: Clearly state all perindent details, including contraded stating date of my proposid own and periodinate duration does not be field water in the apprecision results in a multiple completion or completion in a awater is state if field water in the field water in the apprecision results in a multiple completion for the water in the field water in the apprecision concerning       EMNRD-OCD ARTES         13. Decribe Properation: Chevron USA INC (16565)       EMNRD-OCD ARTES       SEE ATTACHED FOR CONDITIONS OF APPROVAL	6301 DEAUVILLE BLVD		Ph: 575-263-043	1		
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Subsequent Report       Acidize       Despen       Production (Star/Resume)       Water Shul-Of         Image: Subsequent Report       Change Plans       IN WC CONSTRUCTION       Recomplete       Star/Of Plans         Image: Subsequent Report       Change Plans       IPUg and Abandon       Temporarily Abandon       Star/Of Plans         13. Describe Proposed or Completed Operation: Clerk y the all pretune details, including exclamated and run- working biol of all pertunents and abandon in the work with the proteined of provide the add No. on the work of the proposal is to depend addressed in the work with the proteined of provide the addressed in the work of the proposal is to depend addressed in the work with the proteined of provide the addressed in the work of the proposal is to depend addressed in the work with the proteined of provide the addressed in the work of the proposal is to depend addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of provide the addressed in the work with the proteined of the set addressed in the work with the proteined work with the proteined of provide the proteined work with the proteined work with the proteined work withe proteined work with the proteined work with the proteined work		., R., M., or Survey Description			11. County or Parish	, State
TYPE OF SUBMISSION       TYPE OF ACTION <ul> <li>Notice of Intent</li> <li>Alter Casing</li> <li>Hydraulic Fracturing</li> <li>Reclamation</li> <li>Waler Shur-Of</li> <li>Subsequent Report</li> <li>Casing Repair</li> <li>New Construction</li> <li>Recomplete</li> <li>Consing Repair</li> <li>Change Plans</li> <li>Plug and Abandon</li> <li>Temporarily Abandon</li> <li>Temporarily Abandon</li> <li>Construction</li> <li>Plug Back</li> <li>Mater Disposal</li> </ul> <li>The proposal is to deepen diverse to the provide the Boad No. on file with BUMBA. Required subsequence provide with and approximate duration there are included to all perturber material depth of all perturber durations there and consection and measurement on the completion of the works will be performed or provide the Boad No. on file with BUMBA. Required subsequence provide with all experiments and consection and measurement on the subsection of the perimeter and consection and measurement on the subsection of the subsection to provide the Boad No. on file with BUMBA. Required subsequence provide with all experiments and consecting base encompleted and the operator has determined the table as in consection of the genome measurements, including reclamation, have been completed and the operator has determined with the subsective to Nacco Nacco</li>	Sec 19 T25S R27E NWNE 33	0FNL 2310FEL			EDDY COUNT	Y, NM
Notice of Intent Alter Casing Hydraulic Fracturing Casing Repair Change Plans Production (Start/Resume) Water Shut-Of Reclamation Well Integrity Costing Repair Convert to Injection Change Plans Plug and Atlandon Water Disposed Of Completed Operation Clearly state all performed or provide the Bond Atlandon Convert to Injection Plug Back Convert to Injection Conver	12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICATE NA	ATURE OF N	NOTICE, REPORT, OR OT	HER DATA
Ablice of Intent     Alter Casing     Addition     Addit     Addition     Addition     Addition     A	TYPE OF SUBMISSION			TYPE OF A	CTION	•
Subsequent Report       Casing Repair       Hydraulic Fracturing       Recomplete       Well Integrity         Casing Repair       New Construction       Recomplete       Other         Successor of Ope       Convert to Injection       Plug Back       Water Disposal         13. Describe Proposed or Completed operations       Clearly stat all pertinent details, including estimated stating date of any proposed work and approximate duration thereof       Plug Back       Water Disposal         13. Describe Proposed or Completed operations       If the proposed work and approximate duration thereof       Plug Back       Water Disposal         14. Describe Proposed or Completed operations       If the proposed work and approximate duration thereof       Plug Back       Water Disposal         15. Describe Proposed or Completed operation       If the proposed work and approximate duration thereof       Plug Back       Water Disposal         16. Describe Proposed or Completed operations       If the operation as the field only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final handonneum Notes must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final handonneum Notes must be filed once thereing operations conducted on the leased land or portion thereof, as described above.       Bond Coverage: CA0329*         Bond Coverage: CA0329*       Wim B.OO (??87)       SEE ATTACHED FOR CONUSAL <td>Notice of Intent</td> <td>Acidize</td> <td>Deepen</td> <td>C</td> <td>Production (Start/Resume)</td> <td>UWater Shut-Of</td>	Notice of Intent	Acidize	Deepen	C	Production (Start/Resume)	UWater Shut-Of
Change Name     Change Name     Change Name     Convert to Injection     Convert to Injectin     Convert to Injection     Convert to Injectio	· ·	Alter Casing	🗖 Hydraulic I	Fracturing [	Reclamation	
Change Frans     Change Frans     Convert to Injection     Convert to Injection     Plug Back     Water Disposal     Water Disposal     Water Disposal     Water Disposal     Water Disposal     Substrate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed work and approximate duration thereof     Marker Set of the proposed of the proposed duration thereof     Marker Set of the proposed of the proposed duration thereof     Marker Set of the proposed of the promore duration thereof     Marker Set of the proposed of thereof		1	— .	1	- •	
13. Describe Proposed or Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof         13. Describe Proposal is to deepen directionally or recomplete horizontally, give subsurface location and measured and true vertical depths of all pertinent markers and zone of the pertinent details, including estimated starting date of any proposed work and approximate duration thereof         14. Describe Proposal is to deepen directionally or recomplete horizontally, give subsurface location and measured and the vertical depths of all pertinent markers and zone of the pertinent details, including estimated starting the details and true vertical depths of all pertinent markers and zone of the subsurface location estits is and measured and the vertical depth of all pertinent markers and zone of the subsurface location estits is and measured and the vertical depth of all pertinent markers and zone of the subsurface location estits is and measured and the vertical depth of all pertinent markers and zone of the subsurface location estits is and and true vertical depth of all pertinent depth of all depth of all pertinent depth of all depth of all depth of all pertinent depth of all depth o	Final Abandonment Notice	- · ·				r
operations conducted on the leased land or portion thereof, as described above.       EUNIVED-OCD ARTER         Bond Coverage: CA0329 <sup>-</sup> WM BOD (.787       SEE ATTACHED FOR CONDITIONS OF APPROVAL         14. Lifereby certify that the foregoing is true and correct.       Electronic Submission #86239 verified by the BLM Well Information System For CHEVRON USAINC, sent to the Carisbad Committed to AFMSS for processing by PRISCILLA PEREZ on 10/03/2019 ()         Name (Printed/Typed)       CINDY HMURILLO         Signature       (Electronic Submission)         Date       10/02/2019         This SPACE FOR FEDERAL OR STATE OFFICE/03640         Approved By       Title         Approved By       Title or contable title to non-fright for the subject lease         Office       ENERGENERATE OFFICE/036400         Title 18 U.SC. Section 1001 and Title 43 u.Sc. Section 1212, make i/a crine for any person knowingly epositively the States and false, fictions or fraudulent statements or representation as to any matter within its jurisdiction.         (Instructions on page 2)       ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **	CHANGE OF OPERATOR W	AS FILED WITH THE NM				-
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Electronic Submission #46239 verified by the BLM Well Information System         For CHPRON USA INC, sent to the Carlsbad         Committed to AFMSS for processing by PRISCILLA PEREZ on 10/03/2019 ()         Name (Printed/Typed)       CINDY HMURILLO         Signature       (Electronic Submission)         Date       10/02/2019         This SPACE FOR FEDERAL OR STATE OFFICE/USE/         Approved By	CHANGE OF OPERATOR W PREVIOUS OPERATOR: OX NEW OPERATOR: CHEVRO EFFECTIVE DATE OF CHAN The undersigned accepts all a operations conducted on the l	AS FILED WITH THE NM (Y USA INC (16696) N USA INC (4323) IGE: 10/01/2019 applicable terms, condition leased land or portion the	IOCD FOR THE SU ns, stipulations, and reof, as described a	IBJECT WEL	L RE JA <sup>concerning</sup> EMNRD-	CEIVED N 0 9 2020 OCD ARTES
Committed to AFMSS for processing by PRISCILLA PEREZ on 10/03/2019 ()         Name (Printed/T)ped)       CINDY HMURILLO       Title       PERMITTING SPECIALIST         .Signature       (Electronic Submission)       Date       10/02/2019         // THIS SPACE FOR FEDERAL OR STATE OFFICE/USE       Date         Approved By       Title       None (Printed/T) ped)       Date         Conditions of approval, of any, are attached approval of this notice face not warrant or critify that the toplicant heids legal or equipole title to nose rights in the subject lease which would entitle the applicant to conduct operations therefore.       Title 18 U.S.C. Section 1001 and Title 43 th St. Section 1212, make ita critife for any person knowingly approxil (PERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **	CHANGE OF OPERATOR W PREVIOUS OPERATOR: OX NEW OPERATOR: CHEVRO EFFECTIVE DATE OF CHAN The undersigned accepts all a operations conducted on the l	AS FILED WITH THE NM (Y USA INC (16696) N USA INC (4323) IGE: 10/01/2019 applicable terms, condition leased land or portion the	IOCD FOR THE SU ns, stipulations, and reof, as described a	REST WEL	L RE JA <sup>concerning</sup> EMNRD-	CEIVED N 0 9 2020 OCD ARTES
Signature       (Electronic Submission)       Date       10/02/2019         THIS SPACE FOR FEDERAL OR STATE OFFICE USE       Approved By       Title       NOV 2 1 2010       Date         Approved By       Title       NOV 2 1 2010       Date         Conditions of sapproval, if any, are attached, Approval of this notice loog not warrant or critify that the applicant holds lead or equivable title to mose rights in the subject lease which would entitle the applicant to conduct operations the provide th	CHANGE OF OPERATOR W PREVIOUS OPERATOR: O> NEW OPERATOR: CHEVRO EFFECTIVE DATE OF CHAN The undersigned accepts all a operations conducted on the b Bond Coverage: CA0329	AS FILED WITH THE NM (Y USA INC (16696) N USA INC (4323) IGE: 10/01/2019 applicable terms, condition eased land or portion the NM BOD $(787)$	10CD FOR THE SU ns, stipulations, and reof, as described a 7	IBJECT WEL restrictions of bove. SEE CON	L REG JA concerning EMNRD- ATTACHED FOR DITIONS OF AP	CEIVED N 0 9 2020 OCD ARTES
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## Change of Operator Conditions of Approval

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facility diagrams.
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
- 10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.

JAM 112119