

OCD-ARTESIA

Form 3160-5
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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
LC 029419A

6 If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1 Type of Well

☐ Oil Well☐ Gas Well☒ Other SWD2 Name of Operator
CHEVRON U.S.A. INC.

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

8 Well Name and No
SKELLY UNIT #513a Address
15 SMITH ROAD
MIDLAND, TEXAS 797053b Phone No (include area code)
432-687-73759 API Well No
30-015-0534810 Field and Pool or Exploratory Area
FREN; WOLFCAMP4 Location of Well (Footage, Sec. T, R, M, or Survey Description)
1980' FSL & 660' FEL, SEC 22, T17S, R31E, UNIT LETTER I11 Country or Parish, State
EDDY COUNTY, NEW MEXICO

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 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 DRILLING OF
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	RE-ENTRY
	<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 recomplete 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 recompletion 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.)

9-12-11: SPUD WELL. 9-13-11 / 9-18-11: DRILL 22-37,218,228,288,295 (FELL THRU CMT @ 295) 619,647,715, (FELL THRU CMT @ 715) TEST SQUEEZED PERFS @ 816 TAG CMT @ 1650. CIRC MUD TAG CMT @ 2970 DRILL 2970-3095. TAG CIBP @ 3093. DRILL ON CIBP @ 3093 CIBP FOLLOWED UP HOLE TO 3072 DRILL ON CIBP @ 3072. CHASE CIBP #1 DN HLE TAG CIBP @ 3407. DRILL ON CIBP @ 3407 SET ON TOP OF CIBP @ 3412 DRILL ON CIBP - FELL @ 3413. TAG @ 3517. FELL @ 3518 TAG CIBP @ 3587. DRILL ON CIBP @ 3588 TAG CIBP @ 3608. DRILL CIBP TO 3613.
TAG CIBP (PREVIOUS CIBP ON TOP OF THIS ONE) @ 3614. TIH TO 3740 PUMP SWEEP TO CIRC CIBP MATERIAL OUT OF HOLE. TAG CMT @ 3776. DRILL TO 3780.
9-19-11: DRILL 3780-4023,4278 TAG CMT @ 4939 DRILL TO 5005 TIH TO 6770-8820 DRILL TL 9490-9800 STUCK PIPE (9-21-11)
9-22-11: RUN 5 1/2", 17#, L-80, LTC CSG FR SURF TO 8000 SET DEPTH @ 9787. (BLM WAS NOTIFIED OF CSG RUN)
9-25-11 CMT 1ST STG W/250 SX 14.1 PPG, 50/50 POZ CL H CMT. CMT 2ND STG W/800 SX 2.23 CUFT/SK, 12.49 GAL/FW/SK, 12.1 PPG, 50/50 POZ CL H CMT CMT RETURNS AFTER 170 BBL OS DISPLACEMENT PUMPED.
9-26-11. WOC 8 HRS. RIG DOWN W/O COMPLETION

Accepted for record
DEC 02 2011 NMOCDRECEIVED
NOV 7 2011
NMOCD ARTESIA

ACCEPTED FOR RECORD

OCT 29 2011

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

Title REGULATORY SPECIALIST

Signature

Date 10/19/2011

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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)