

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION  
OCD Artesia  
ARTESIA DISTRICTFORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

OCT 03 2016

**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.**

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  
6301 DEAUVILLE BLVD. RM#N3002  
MIDLAND, TX. 79706

## 3b. Phone No. (include area code)

432-687-7375 LEE ROAK

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

1650' FSL &amp; 1.60' FWL, SEC- 17, T- 25S, R-27E, LAT. 32.14156 LONG -103.23225

## 5. Lease Serial No.

NM93471

## 6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.  
NMNM 104027

## 8. Well Name and No.

MONA LISA COM # 2

## 9. API Well No.

30-015-23094

## 10. Field and Pool or Exploratory Area

WHITE CITY: PENN

## 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 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 checked="" 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 recomple 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 recomple 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.)

09/08/16 MI &amp; RU P &amp; A EQUIP, ND WH, NU BOP'S, TEST. NOTIFIED ZETO STEVEN W/ NM BLM.

RECLAMATION PROCEDURE  
ATTACHED

09/09/16 RAN CBL &amp; SENT TO CHRIS WALLS W/ NM BLM, OK SPOT PLUGS, RIH TO 8,409'.

09/10/16 RIH TAG FISH @ 9,670', CIR W/ MLF, MIX &amp; SPOT 45 SX CL "H" CMT FROM 9,670'-9,421', MIX &amp; SPOT 144 SX CL "H" CMT FROM 8,915'- 8,285', WOC TAG @ 8,283'.

09/11/16 MIX & SPOT 50 SX CL "C" CMT FROM 5,582'- 5,349', MIX & SPOT 50 SX CL "C" CMT FROM 4,707'- 4,550' ( DV TOOL ) PLUG ADDED. \* spot  
WOC & TAG @ 1,870', MIX & SPOT 70 SX CL "C" CMT FROM 1,210'- 1,010'. Plug @ 2095 (75 ft) Tag @ 1870

09/12/16 MIX &amp; SPOT 186 SX CL "C" CMT. 420' BACK TO SURFACE, BOBBY GIRNDT W/ NM BLM ON LOCATION WITNESSED CMT TO SURFACE. CUT OFF WELL HEAD 3' BGL, INSTALL REQUIRED DRY HOLE MARKER AS PER COA's, TURN OVER TO RECLAMATION.

CLASS " H & C " CEMENT USED & CLOSED LOOP SYSTEM.  
BOND COVERAGE: CA 0329RECLAMATION  
DUE 3-12-17Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.

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

Monty L. McCarver

Title SR. Manager / Agent for Chervon U.S.A. Inc.

Signature

Date 09/19/2016

Accepted for record  
NMOCD  
R. L. B.

Approved by

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

Title

SPET

Date

9-23-16

Office

CEO

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)