

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

**NATURAL GAS CONSERVATION DISTRICT**

5. Lease Serial No.  
NMNM107369

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.

8. Well Name and No.  
HH CE 26 23 FED 002 2H **323131**

9. API Well No.  
30-015-45601-00-X1

10. Field and Pool or Exploratory Area  
PURPLE SAGE-WOLFCAMP (GAS)

11. County or Parish, State  
EDDY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other

**RECEIVED**

2. Name of Operator  
CHEVRON USA INCORPORATED

Contact: KAYLA MCCONNELL  
E-Mail: kaylamccconnell@chevron.com

3a. Address  
6301 DEAUVILLE BLVD  
MIDLAND, TX 79706

3b. Phone No. (include area code)  
432-687-7375

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 35 T25S R27E NWNE 297FNL 2197FEL  
32.093121 N Lat, 104.158890 W Lon

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original APD
	<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.

Chevron respectfully request to change the name and number of this well:

Original: HH CE 26 23 FED 002 #2H

~~HH CE 26 23 FED 002 #2H~~ **325143**

**Accepted For Record**  
**NMOCD** *JP*  
3-11-19

**ENTERED**  
*JP* 3-11-19

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #453644 verified by the BLM Well Information System  
For CHEVRON USA INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 02/07/2019 (19PP1007SE)

Name (Printed/Typed) KAYLA MCCONNELL Title PERMITTING SPECIALIST

Signature (Electronic Submission) Date 02/07/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By ZOTA STEVENS Title PETROLEUM ENGINEER Date 02/26/2019

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 Carlsbad

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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
ARTESIA DISTRICT  
OIL CONSERVATION DIVISION  
1220 South St. Francis  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

MAR 11 2019  
RECEIVED

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-45601		<sup>2</sup> Pool Code 98220		<sup>3</sup> Pool Name PURPLE SAGE WOLFCAMP (GAS)	
<sup>4</sup> Property Code 325142		<sup>5</sup> Property Name CICADA UNIT			<sup>6</sup> Well Number 025H
<sup>7</sup> OGRID No. 4323		<sup>8</sup> Operator Name CHEVRON U.S.A. INC.			<sup>9</sup> Elevation 3129'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	35	25 SOUTH	27 EAST, N.M.P.M.		297'	NORTH	2197'	EAST	EDDY

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	23	25 SOUTH	27 EAST, N.M.P.M.		280'	NORTH	2430'	WEST	EDDY

<sup>12</sup> Dedicated Acres 640	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

PROPOSED BOTTOM HOLE LOCATION	
X=	553,297
Y=	408,081
LAT.	32.121815 N
LONG.	104.161176 W
NAD 27	
PROPOSED LAST TAKE POINT	
X=	553,298
Y=	408,031
LAT.	32.121677 N
LONG.	104.161174 W
NAD 27	
CORNER COORDINATES TABLE (NAD 27)	
A - Y=	408374.82, X=550864.48
B - Y=	408345.35, X=556167.66
C - Y=	403066.35, X=550914.53
D - Y=	403056.42, X=553547.31
E - Y=	403046.49, X=556180.10
F - Y=	397757.44, X=551035.56
G - Y=	397933.25, X=553702.88
H - Y=	397744.31, X=556293.47
I - Y=	392448.13, X=550882.93
J - Y=	392443.13, X=556198.44
PROPOSED MID POINT	
X=	553,345
Y=	403,057
LAT.	32.108004 N
LONG.	104.161046 W
NAD 27	
PROPOSED FIRST TAKE POINT	
X=	553,460
Y=	398,017
LAT.	32.094148 N
LONG.	104.160701 W
NAD 27	
CICADA UNIT NO. 025H WELL	
X=	554,173
Y=	397,601
LAT.	32.093000 N
LONG.	104.158401 W
NAD 27	
X=	595,357
Y=	397,658
LAT.	32.093122 N
LONG.	104.158893 W
NAD 83/86	
ELEVATION +3129' NAVD 88	

**<sup>17</sup> OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Kayla McConnell* 2/6/2019  
Signature Date

Kayla McConnell  
Printed Name

gncv@chevron.com  
E-mail Address

**<sup>18</sup> SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

04/05/2018  
Date of Survey

*Robert L. Lastrapes*  
Signature and Seal of Professional Surveyor

ROBERT L. LASTRAPES  
NEW MEXICO  
23006  
PROFESSIONAL SURVEYOR

07/24/2018  
Certificate Number