

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED  
OMB NO. 1004-0135  
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.*

DEC 23 2014

5. Lease Serial No.  
NMNM27506

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
SALADO DRAW 18 26 33 FED 3H ✓

9. API Well No.  
30-025-42278-00-X1 ✓

10. Field and Pool, or Exploratory  
WC-025 G-06 S263319P

11. County or Parish, and State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

RECEIVED

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
CHEVRON USA INCORPORATED  
Contact: CINDY H MURILLO  
E-Mail: CERRERAMURILLO@CHEVRON.COM

3a. Address  
15 SMITH ROAD  
MIDLAND, TX 79705

3b. Phone No. (include area code)  
Ph: 575-263-0431  
Fx: 575-263-0431

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 19 T26S R33E NENW 200FNL 1943FWL  
32.035590 N Lat, 103.613078 W Lon

12. CHECK 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"/> 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
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall 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 USA INC REQUESTS TO MAKE CHANGES TO THE COFLEX HOSE.  
PLEASE FIND ATTACHED THE CHANGES TO COFLEX HOSE.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

KV

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

**Electronic Submission #285448 verified by the BLM Well Information System  
For CHEVRON USA INCORPORATED, sent to the Hobbs  
Committed to AFMSS for processing by CHRISTOPHER WALLS on 12/17/2014 (15CRW0032SE)**

Name (Printed/Typed) CINDY H MURILLO Title PERMITTING SPECIALIST

Signature (Electronic Submission) Date 12/17/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED  
DEC 17 2014  
/s/ Chris Walls

Approved By (BLM Approver Not Specified) \_\_\_\_\_ Title \_\_\_\_\_ Date 12/17/2014

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 Hobbs

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.

\*\* BLM REVISED \*\*

DEC 24 2014

jm

**Delaware Basin  
Changes to APD for Federal Well**



**Well Name:** **Salado Draw 18 26 33 Fed 3H**

**API Well No.:** **30-025-42278**

**Rig:** **Nabors X-30**

**CVX CONTACT:**

VICENTE RUIZ  
DRILLING ENGINEER  
1400 SMITH ST.  
HOUSTON, TX 77002

DESK: HOU140/43-130  
CELL: 713-898-5436  
EMAIL: VRUIZ@CHEVRON.COM

## Summary of Changes to APD Submission

BOP Equipment – CoFlex Hose (Section 3 of 9 Point Drilling Plan in APD)

### BOP Equipment – CoFlex Hose

**Summary:** Variance to use a CoFlex hose between BOP and choke manifold not requested in original submittal.

#### As Defined in APD:

Variance to use CoFlex hose not requested.

#### As Planned on Well:

Chevron requests a variance to use a CoFlex hose with a metal protective covering that will be utilized between the BOP and Choke manifold. Please refer to the attached testing and specification documents.



ContiTech

CONTITECH RUBBER Industrial Kft.	No. QC-DB- 231/2014 Page: 10 / 119
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QUALITY CONTROL INSPECTION AND TEST CERTIFICATE				CERT. N°: 594	
PURCHASER: Contitech Oil & Marine Corp.			P.O. N°: 4500412631		
CONTITECH ORDER N°: 538332		HOSE TYPE: 3" ID		Choke & Kill Hose	
HOSE SERIAL N°: 67349		NOMINAL / ACTUAL LENGTH: 13,72 m / 13,85 m			
W.P. 68,9 MPa	10000 psi	T.P. 103,4 MPa	15000 psi	Duration: 60	min.
Pressure test with water at ambient temperature					
See attachment. ( 1 page )					
↑ 10 mm = 10 Min.					
→ 10 mm = 25 MPa					
COUPLINGS Type		Serial N°		Quality	
3" coupling with 4 1/16" 10K API Swivel Flange end Hub		1435 1436		AISI 4130 AISI 4130 AISI 4130	
				Heat N° A1258U 034939 A1045N	
<b>Not Designed For Well Testing</b>				<b>API Spec 16 C</b>	
<b>Tag No.: 66 – 1198</b>				<b>Temperature rate: "B"</b>	
All metal parts are flawless					
WE CERTIFY THAT THE ABOVE HOSE HAS BEEN MANUFACTURED IN ACCORDANCE WITH THE TERMS OF THE ORDER INSPECTED AND PRESSURE TESTED AS ABOVE WITH SATISFACTORY RESULT.					
STATEMENT OF CONFORMITY: We hereby certify that the above items/equipment supplied by us are in conformity with the terms, conditions and specifications of the above Purchaser Order and that these items/equipment were fabricated inspected and tested in accordance with the referenced standards, codes and specifications and meet the relevant acceptance criteria and design requirements.					
Date:	Inspector	Quality Control			
03. April 2014.		Contitech Rubber Industrial Kft. Quality Control Dept.  			

*Reddy Seal*

Griffith Rubber  
Industrial Kit  
Quality Control Dept.  
(P)

GHr	+19.88 °C	23:20							
RDr	+20.67 °C	23:20							
BL	+1053 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.71 °C	23:20							
BL	+1054 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.71 °C	23:20							
BL	+1056 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.71 °C	23:20							
BL	+1057 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.71 °C	23:20							
BL	+1059 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.71 °C	23:20							
BL	+1062 bar	23:20							
GHr	+19.88 °C	23:20							
RDr	+20.75 °C	23:20							
BL	+1068 bar	23:20							

62-670 2014 22150  
6734 67301 67302



ContiTech

**Hose Data Sheet**

CRI Order No.	538332
Customer	ContiTech Oil & Marine Corp.
Customer Order No	4500412631 CBC544771, CBC544769, CBC544767, CBC544763, CBC544768, CBC544745, CBC544744, CBC544746
Item No.	1
Hose Type	Flexible Hose
Standard	API SPEC 16 C
Inside dia in inches	3
Length	45 ft
Type of coupling one end	FLANGE 4 1/16" 10KPSI API SPEC 17D SV SWIVEL FLANGE SOURC/W BX155 ST/ST INLAID R.GR.
Type of coupling other end	FLANGE 4 1/16" 10KPSI API SPEC 17D SV SWIVEL FLANGE SOURC/W BX155 ST/ST INLAID R.GR.
H2S service NACE MR0175	Yes
Working Pressure	10 000 psi
Design Pressure	10 000 psi
Test Pressure	15 000 psi
Safety Factor	2,25
Marking	USUAL PHOENIX
Cover	NOT FIRE RESISTANT
Outside protection	St. steel outer wrap
Internal stripwound tube	No
Lining	OIL + GAS RESISTANT SOUR
Safety clamp	Yes
Lifting collar	Yes
Element C	Yes
Safety chain	Yes
Safety wire rope	No
Max. design temperature [°C]	100
Min. design temperature [°C]	-20
Min. Bend Radius operating [m]	0,90
Min. Bend Radius storage [m]	0,90
Electrical continuity	The Hose is electrically continuous.
Type of packing	WOODEN CRATE ISPM-15

**Co-Flex line**  
**Conditions of Approval**

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).