

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM 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.

NMNM18232

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

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

1. Type of Well

☒ Oil Well☐ Gas Well☐ Other2. Name of Operator  
Chevron U.S.A. Inc.

Lee Roark

8. Well Name and No.

SPEAR FEDERAL # 1

9. API Well No.

30-025-33645

3a. Address  
15 SMITH ROAD  
MIDLAND, TX. 797053b. Phone No. (include area code)  
(432) 687-737510. Field and Pool or Exploratory Area  
LUSK; NORTH

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

SEC 33, T-18S R-32E, MER NMP SENW, 2310 FNL 2308 FWL. UNIT "F"

11. Country or Parish, State

LEA CO. NM

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"/> 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 recompleat 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 recompleat 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.)

13 3/8" @ 455' TOC SURF 8 5/8" @ 3,200' TOC SURF, 7" @ 11,154' TOC UNK. 4 1/2" @ 10,648-11,970' TOC 10,647' PERFS 8,421'-8,550', CIBP @ 10,500'. NOTIFIED BLM 48 HOURS BEFORE MOVE IN. (575) 234-5909  
*Need To cover Top of Wolfcamp. RIH Tag CIBP @ 10,500 Spot Cont to 10/80. Tag.*  
AS EARLY AS JANUARY 18, 2016, MI & RU, ND & NU BOP TEST SAME, POOH W/ RODS & TBG. RIH & SET 7" CIBP @ 8,350', RIH TO CIBP CIR SALT GEL, MIX & SPOT 35 SX CL "H" FROM 8,350'-8,000', WOC TAG & TEST.

PERF &amp; SQZ 75 SX CL "C" FROM 7,095'-6,895'. WOC &amp; TAG (BONE SPRING)

PERF &amp; SQZ 75 SX CL "C" FROM 5,265'-5,065'. WOC &amp; TAG (DELAWARE)

PERF &amp; SQZ 250 SX CL "C" FROM 4,920'-4,100'. WOC &amp; TAG (SAN ANDRES, GRAYBURG)

PERF &amp; SQZ 200 SX CL "C" FROM 3,900'-3,300'. WOC &amp; TAG (QUEEN, 7 RIVERS)

PERF &amp; CIR 250 SX CL "C" FROM 3,250'-2,450' IN 7" &amp; 7" X 8 5/8", WOC &amp; TAG (SHOE, YATES, B. SALT)

PERF & CIR 340 SX CL "C" FROM 1,380'-SURFACE, IN 7" & 7" X 8 5/8" (T. SALT, RUSTLER, SURF SHOE)  
CUT OFF WELHEAD 3' BGL, INSTALL REQUIRED DRY HOLE MARKER AS PER COA's, TURN OVER TO RECLAMATION.  
ALL CEMENT PLUGS CLASS "H & C", W/ CLOSED LOOP SYSTEM USED.  
BOND COVERAGE: 0329

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL****RECLAMATION PROCEDURE  
ATTACHED**

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

Monty L. McCarver

Title SR Manager

Signature

Date 12/08/2015

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

Approved by

Title SAET

Date 12-22-15

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 CPO

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)

**FOR RECORD ONLY**  
MW/ocd 1/14/16**JAN 15 2016**