

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

**OCD-HOBBS**  
FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

5. Lease Serial No.  
NMNM118722

6. If Indian, Allottee or Tribe Name

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

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

8. Well Name and No.  
SALADO DRAW SWD 13 1 ✓

9. API Well No.  
30-025-42354 ✓

1. Type of Well  
 Oil Well  Gas Well  Other: INJECTION

2. Name of Operator  
CHEVRON USA INC

Contact: CINDY H MURILLO  
E-Mail: CHERRERAMURILLO@CHEVRON.COM

3a. Address  
1616 W. BENDER BLVD  
HOBBS, NM 88240

3b. Phone No. (include area code)  
Ph: 575-263-0431  
Fx: 575-263-0445

10. Field and Pool, or Exploratory  
SWD;DEVONIAN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 13 T26S R32E Mer NMP SWSW 290FSL 10FWL ✓

**HOBBS OCD**  
JUN 06 2016

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

12. CHECK 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 checked="" 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 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 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.)

THIS SUBSEQUENT REPORT IS FILED IN RESPONSE TO THE NOTICE OF WRITTEN ORDER BY AUTHORIZED OFFICER DATED 04/13/2016.  
ATTACHED IS A COPY OF THE MIT CHART WITNESSED BY CARL FLOWERS/NMOCD.  
\*\* PLEASE FORWARD TO PAUL SWARTZ\*\*

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

**Electronic Submission #339394 verified by the BLM Well Information System  
For CHEVRON USA INC, sent to the Hobbs  
Committed to AFMSS for processing by PAUL SWARTZ on 05/31/2016 ()**

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

Signature (Electronic Submission) Date 05/16/2016

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

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date JUN 1 2016

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

Accepted for Record Only

MSB/OCD 6/6/2016 ✓

