

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

RECEIVED
 DEC 19 2016
 HOBBS

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 reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. SD EA 18 FEDERAL P6 005H ✓
2. Name of Operator CHEVRON U.S.A. INC. Contact: DENISE PINKERTON E-Mail: leakejd@chevron.com		9. API Well No. 30-025-42795
3a. Address 6301 DEAUVILLE BLVD MIDLAND, TX 79706	3b. Phone No. (include area code) Ph: 432-687-7375	10. Field and Pool, or Exploratory BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T26S R33E Mer NMP 266FNL 1788FEL ✓		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 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	
	<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 U.S.A. INC. SUBMITS THE ATTACHED SALADO DRAW PAD 6 LEAK DETECTION PLAN AS REQUIRED UNDER THE CONDITIONS OF APPROVAL, SECTION V FOR CAVE/KARST SURFACE MITIGATIONS FOR THE FOLLOWING WELLS:

- SD EA 18 FEDERAL P6 #5H 30-025-42795
- SD EA 18 FEDERAL P6 #6H 30-025-42796
- SD EA 19 FEDERAL P6 #5H 30-025-42797
- SD EA 19 FEDERAL P6 #6H 30-025-42798
- SD EA 19 FEDERAL P6 #7H 30-025-42799

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

**Electronic Submission #351776 verified by the BLM Well Information System
 For CHEVRON U.S.A. INC., sent to the Hobbs
 Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/29/2016 ()**

Name (Printed/Typed) DENISE PINKERTON	Title PERMITTING SPECIALIST
Signature (Electronic Submission)	Date 09/20/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>[Signature]</i>	Title AFM for Lands & Minerals	Date 12/09/16
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 CFO	

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 ****

[Handwritten initials]