

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OC D - Hablas

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Chevron U.S.A. Inc.

3a. Address

P.O. Box 1150, Midland, TX 79702

3b. Phone No. (include area code)

(915)687-7148

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

660' FSL & 1980' FEL UNIT O  
SEC. 18, T21S, R36E

5. Lease Serial No.

LC-032099-A

6. If Indian, Allottee or Tribe Name

N/A

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

EDNICE MONUMENT SOUTH UNIT

8. Well Name and No.

415

9. API Well No.

30-025-04671

10. Field and Pool, or Exploratory Area

EDNICE MONUMENT; GB-SA

11. County or Parish, State

LEA, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acidize                         | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing                    | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <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 checked="" 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 shall 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 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 final site is ready for final inspection.)

WILL BE CONVERTED TO INJECTION TO COMPLETE 40-ACRE 5-SPOT PATTERN FOR FUTURE INFILL  
DRILLING PROGRAM. CONVERSION WILL TAKE PLACE APPROXIMATELY 10/1/2004.

RECEIVED  
2000 JAN 14 P 2:03  
BUREAU OF LAND MGMT.  
WASHINGTON, D.C.

TH APPROVED 12/1/00  
Ending 6/1/2000

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

J. K. RIPLEY

Title

REGULATORY O.A.

Date 1/10/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(0110.000) J. K. RIPLEY

Title

Office

CFO

Date

1/28/2000

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.

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.

ICG  
GWW

