

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. Oil Cons. Division

811 S. 1ST  
ARTESIA, NM 87003

FORM APPROVED  
Budget Bureau No. 1004-0135

Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of well

☐ Oil

☐ Gas

☐ Other

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address and Telephone No.

P. O. Box 1150, Midland, TX 79702 (915)687-7148

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

2310' FSL & 330' FWL

UNIT L

SEC. 31, T22S, R29E

5. Lease Designation and Serial No.

NM 61349

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

QUAHADA RIDGE "31" FEDERAL #1

9. API Well No.

30-015-27666

10. Field and Pool, or Exploratory Area

HERRADURA BEND; DELAWARE, EAST

11. County or Parish, State

EDDY, NM

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

12 TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other  
CHANGE OF OPERATOR

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

CHANGE OF OPERATOR EFFECTIVE 7/1/97

PREVIOUS OPERATOR:

LOUIS DREYFUS NATURAL GAS CORP.

14000 QUAIL SPRINGS PARKWAY, STE. 600

OKLAHOMA CITY, OK 73134

CHEVRON U.S.A., INC. WILL OPERATE WELL UNDER STATEWIDE BOND

**APPROVED**

AUG 20 1997

*[Signature]*  
**AUTHORIZED OFFICER, MINERALS  
BUREAU OF LAND MANAGEMENT**

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

Signed

*[Signature]*

Title

T. A.

Date

8/1/397

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: