CCU- Hotexie

Form 3160-5 (June 1999) (June 1990) -

ED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED	C	151	سن
Budget Bureau No. 1004-0135		71	
Eveiroe: March 21 1002			

BONE NO OF ENINE NOTICE IN THE SECOND OF THE	Expires: March 31, 1993		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	5. Lease Designation and Serial No. NM 61349		
Use "APPLICATION FOR PERMIT" for such proposals	6. If Indian, Alottee or Tribe Name		
SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation		
1. Type of Well: OIL GAS OTHER	8. Well Name and Number QUAHADA RIDGE "31" FEDERAL		
2. Name of Operator CHEVRON USA INC	1		
3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 79705 915-687-737 5	9. API Well No. 30-015-27666		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter L: 2310 Feet From The SOUTH Line and 330 Feet From The	10. Field and Pool, Exploaratory Area HERRADURA BEND;DELAWARE,EAST		
WEST Line Section 31 Township 22-S Range 29-E	11. County or Parish, State EDDY, NM		
2. Check Appropriate Box(s) To Indicate Nature of Notice, Re	eport, or Other Data		
TYPE OF SUBMISSION TY	PE OF ACTION		
Abandonment Recompletion	Change of Plans New Construction		
✓ Notice of Intent Plugging Back	Non-Routine Fracturing		
Subsequent Report Casing Repair	Water Shut-Off		
Final Abandonment Notice Atlering Casing	Conversion to Injection		
✓ OTHER: EXTEND TA STATU	S Dispose Water		
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)		

CHEVRON U.S.A. RESPECTFULLY REQUESTS AN EXTENSION OF THE TA STATUS OF THE SUBJECT WELL. UPON APPROVAL, THE CASING INTEGRITY TEST WILL BE SCHEDULED.

JUSTIFICATION:

CHEVRON U.S.A. IS EVALUATING THE WELL FOR RECOMPLETION.

14. I hereby certify that the toe point is true and correct SIGNATURE SIGNATURE TITLE TIT	Regulatory Specialist	DATE	5/15/2002
TYPE OR PRINT NAME Denise Leake			
(This space for Federal or State office use) APPROVED ORIG SCD \ IOF G APPROVED	Brothand and the confinement DA	7/2/0	1
CONDITIONS OF APPROVAL, IF ANY:	DA	TE <u>//・</u> シ/ひ	<u> </u>

