

Submitted to Approver  
District Office  
State Lease - a copy  
File with 100000

Oil & Gas  
Energy, Minerals & Environment

Form O-02  
Revised 11/03

**OIL CONSERVATION**  
Form O-02  
State Office

DISTRICT  
P.O. Box 1020

DISTRICT  
P.O. Box 1020

DISTRICT  
P.O. Box 1020

Operator

Chevron USA Inc  
Plant Letter

2

Actual Percentage Location

0%  
Ground level Elev

ALL INFORMATION ON THIS FORM MUST BE TRUE AND CORRECT.

IF YOU ARE A LEASOR, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE AN OPERATOR, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A JOINT OPERATOR, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A PARTNER, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A MEMBER OF A PARTNERSHIP, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A TRUSTEE, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A FIDUCIARY, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A POWER OF ATTORNEY, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

IF YOU ARE A GUARANTOR, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS.

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WELL NO. \_\_\_\_\_  
\_\_\_\_\_

Designation  
\_\_\_\_\_

Operator Certification  
I hereby certify that the information furnished herein is true and complete to the best of my knowledge and belief.

Robert  
Signature

Chevron USA Inc  
Name

Operator Certification

I hereby certify that the well location information furnished herein was obtained from reliable sources and that the same is true to the best of my knowledge and belief.

Signature  
Name

