

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

JAN 09 2006

OUU-ANTBOM

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
CHEVRON USA INC

3. Address and Telephone No. 15 SMITH RD, MIDLAND, TX 79705 432-687-737

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter D : 990' Feet From The NORTH Line and 990' Feet From The
WEST Line Section 21 Township 17-S Range 31-E

5. Lease Designation and Serial No.
NMNM-98122

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
29742

8. Well Name and Number
SKELLY UNIT
952

9. API Well No.
30-015-32895

10. Field and Pool, Exploratory Area
SWD WOLFCAMP

11. County or Parish, State
EDDY, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: CHART FOR MIT
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 estimated 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.)*

12-22-05: NOTIFIED NMOCD. RAN CHART - TESTED GOOD. PLACE WELL BACK ON INJECTION.

MR. VAN BARTON, NMOCD REP, TOOK ORIGINAL CHART.

***TALKED TO MR. BARTON ON 1-06-06, AND HE INSTRUCTED ME TO TURN IN THIS SUBSEQUENT REPORT WITHOUT A COPY OF THE CHART.
THE WEBSITE DID NOT HAVE IMAGED CHART AS OF TODAY***

THIS WELL IS ON THE INACTIVE WELL LIST AND THIS WORK SHOULD BRING IT BACK INTO COMPLIANCE.

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

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 1/6/2006

TYPE OR PRINT NAME Denise Pinkerton

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE