

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

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

FEB 18 2004

OCD-ARTESIA

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

2. Name of Operator  
CHEVRON USA INC

3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 79705 915-687-737

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The  
WEST Line Section 12 Township 21S Range 25E

5. Lease Designation and Serial No.

NM 0454228

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number

E. J. LEVERS FEDERAL NCT-1

1

9. API Well No.

30-015-20683

10. Field and Pool, Exploaratory Area

CATCLAW DRAW MORROW (PRORATED GAS)

11. County or Parish, State

EDDY , NEW MEXICO

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

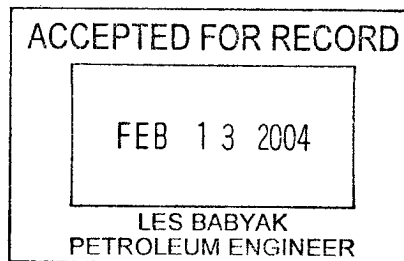
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: CLEAN OUT & ACIDIZE
	<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,)\*.

1-15-04: TIH W/COIL TBG.TAG @ 9988. TIH & TAG PBTD. ACIDIZE PERFS 10175-10180 W/1000 GALS MORROW ACID & 244 GALS METHANOL. HOOK UP FLOW LINE TO TANK. FLOW WELL TO TANK OVERNIGHT

RETURN WELL TO PRODUCTION.



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

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 2/5/2004

TYPE OR PRINT NAME Denise Leake

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Title 18 U.S.C. Section 1001, 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.