Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR DEPARTMENT OF LAND MANAGEMENT

FORM APPROVED

Budget Bur	eau No. 1004-0135
Expires:	March 31, 1993

	Fi.			
	Expires	s: IVIa	irch 31,	1993

,	Expired: Malery 61; 10	
	ease Designation and Serial No.	

Do not use this form for proposals to	S AND REPORTS	S ON WELL	iffor the responsi	56	NM 0556590
Use "APPLICATION		such proposa	ils 6 5	6. If Indian, Alotte	e or Tribe Name
SUBI	MIT IN TRIPLICATE		SIMEISING	4	greement Designation
1. Type of Well: OIL WELL GAS WELL	OTHER			8. Well Name and FEI	d Number DERAL 33 GAS COM
Name of Operator CHEVRON USA II	NC			- - -	3
Address and Telephone No. 15 SMITH ROAD,	MIDLAND, TX 797	05	915-687-737	9. API Well No.	30-015-32180
4. Location of Well (Footage, Sec., T., R., M., or Survey Unit Letter K : 1980 Feet From T	y Description) The SOUTH Line a	and 2080	Feet From The	10. Field and Poo LOAFER DRAW	ol, Exploaratory Area
WEST Line Section 33	Township 21-S	Rang	ge _ 23-E	11. County or Par	ish, State EDDY, NM
12. Check Appropriate	Box(s) To Ind	licate Natu	re of Notice, Re	eport, or Oth	er Data
TYPE OF SUBMISSION			TY	PE OF ACTION	
Notice of Intent✓ Subsequent ReportFinal Abandonment Notice		Abandonment Recompletion Plugging Back Casing Repair Atlering Casing OTHER:	J ADDITIONAL COMPL I	(No	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water Report results of multiple completion on Well
 Describe Proposed or Completed Operations (Cleadirectionally drilled, give subsurface locations and notes.) 8-22-03: MIRU. TIH W/JET BLASTER TOOL ACID. PUH W/CT TO 8500'. PUH TO 6000. Percentification. 8-23-03: RU N2 PUMP. JET WELL @ 6000. Total control of the properties. 	neasured and true vertion TO 8930'. SPOT AC 'ULL CT OUT OF HO	cal depths for all	markers and zones perti	estimated date of st nent to this work,)*.	apletion or Recompletion Report and Log Form.) arting any proposed work. If well is
WELL IS ELOWING					

WELL IS FLOWING.

APPROVED CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE		
(This space for Federal or State office use)					
TYPE OR PRINT NAME	Denise Leake				
SIGNATURE X MISE	Jeake TI	TLE Regulatory Specialist		DATE	9/22/2003
14. I hereby certify that the foregoing is true and correct					