

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MINERALS DIVISION
1ST ST
ALBUQUERQUE, NM 87210-2136

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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 61349
2. Name of Operator CHEVRON U.S.A. INC.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P. O. Box 1150, Midland, TX 79702 (915)687-7148	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 330' FWL UNIT M SEC. 31, T22S, R29E	8. Well Name and No. QUAHADA RIDGE "31" FEDERAL #4
	9. API Well No. 30-015-27836
	10. Field and Pool, or Exploratory Area HERRADURA BEND;DELAWARE, EAST
	11. County or Parish, State EDDY, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other CHANGE OF OPERATOR	<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 estimate 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.)

CHANGE OF OPERATOR EFFECTIVE 7/1/97

PREVIOUS OPERATOR:
LOUIS DREYFUS NATURAL GAS CORP.
14000 QUAIL SPRINGS PARKWAY, STE. 600
OKLAHOMA CITY, OK 73134

CHEVRON U.S.A., INC. WILL OPERATE WELL UNDER STATEWIDE BOND

APPROVED

AUG 20 1997

[Signature]
**AUTHORIZED OFFICER, MINERALS
BUREAU OF LAND MANAGEMENT**

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

Signed *T. A. Riplay* Title T. A. Date 8/1/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____