

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
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

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 C : 660' Feet From The NORTH Line and 1980' Feet From The
WEST Line Section 35 Township 24-S Range 37-E

5. Lease Designation and Serial No.
NM-14218

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
C. C. FRISTOE "B" NCT-2
29

9. API Well No.
30-025-35984

10. Field and Pool, Exploratory Area
LANGLIE MATTIX 7 RVRS QN GRAYBURG

11. County or Parish, State
LEA, NM

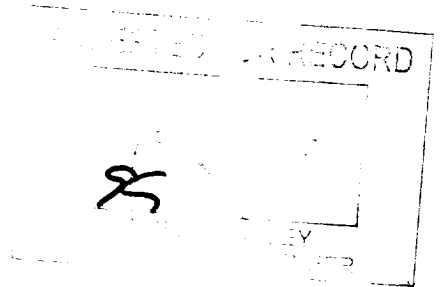
12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

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"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: <u>NEW WELL</u>
	<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.)

10-06-02: SPUD WELL . DRLG 40-153,305,522,553,798,956.
 10-08-02: RAN 8 5/8" 24# J-55 8RD CSG: SHOE @ 956. CMT W/590 SX CLASS C W/2% CACL2, 14.8 PPG. CIRC 25 BBLs ON 103 SX & BUMP PLUG W/1000#.
 10-09-02: DRLG 956-1241,1591,1780,1983,2030,2094,2157,2221,2317,2327,2390,2454,2581,2645,2684,2772,2868,2995,3147,3250,3284,3425, TIH W/CORE. CIRC FR 3467-3503,3528,3542,3544,3583,3643,3703,3725.
 10-17-02: DRILL 3725-3753,3933,4007,4080. TD 7 7/8" HLE @ 0615 HRS 10/18/02. TIH W/PLATFORM EXPRESS,HRLA,DSI,SONIC,NGT. LOGGERS DEPTH 4084. RUN TDD,HRLS,DSI SONIC,NGT FR 4084-958". GR/CNL FR 4084-200.
 10-19-02: FMI LOGS FR 3775-3375.
 10-20-02: RUN 5 1/2" CSG, 15.5# J-055 LTC, 4080' KB. SET @ 4080. FC @ 3984. SHORT JT @ 3501. CMT W/550 SX 35/65 POZ H W/6% GEL, 5% SALT, FOLLOWED BY 300 SX 50/50 POZ H W/2% GEL, 5% SALT. DID NOT CIRC AFTER DROP PLUG. DID NOT BUMP PLUG. CMT BRIDGE OFF. RELEASE RIG @ 1100 HRS 10-20-02.



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

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 12/11/2002

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.

GWW

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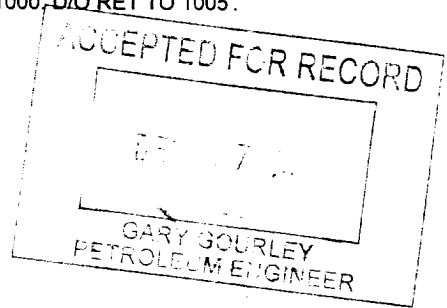
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10-24-02: MIRU KEY RIG. TAG @ 2315. 10-25-02: DRILL 2315-2693, 3039,3387. D/O CMT FR 3387-3402.TAG CMT @ 3402.D/O CMT FR 3402-3672.,3980.
10-31-02: RUN USI-CE/GR LOG FR 3978-900'. HELD 2500 PSI ON CSG. TIH W/2 7/8" OPEN ENDED TBG.

11-13-02: MIRU PU. PERF CSG @ 2130'. NO COMM BETWN SQZ PERFS & SURF. TIH W/CMT RET TO 2104. CMT RET SET @ 1650'.
11-14-02: TIH W/DC & WS. TAG RET @ 1657. D/O RET & PUSH TO 2600'. TIH W/CMT RET TO 2104'.
11-15-02: MIX & PUMP 200 SX CL C NEAT. FINAL SQZ @ 1300#. REV OUT TBG.
11-18-02: PERF @ 1050'. PU & TIH W/CMT RET TO 999'. MIX & PUMP 102 BBLS CL C CMT W/2% CCL.MIX & PUMP REMAINING 39 BBLS CMT. FINAL SQZ PSI OF 770 PSI.
11-19-02: TAG CMT @ 980. D/O CMT & TAG RET @ 999. D/O CMT RET @ 999. TIH & TAG @ 1000. D/O RET TO 1005'.
11-20-02: TAG @ 1005. D/O FR 1005-1084. FELL OUT OF CMT. TEST SQZ TO 520#.
11-21-02: TAG CMT @ 2090. DRILL OUT & TAG RET @ 2102. D/O RET & CMT TO 2142.
11-22-02: D/O FR 2142-2170. FELL OUT OF CMT. PERF FR 3746-3770. TIH W/PKR TO 3658.
11-25-02: ACIDIZE PERFS W/2000 GALS 20% NEFE HCL ACID.RU SWAB.
11-26-02: REL PKR. PU BPMA, PERF SUB, SN. TAC @ 3660. SN @ 3851. EOT @ 3888.
11-27-02: PU 2 1/2"X2"X20' ROD PUMP & RDS. SPACE OUT.
NO TEST YET



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SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 12/11/2002

TYPE OR PRINT NAME Denise Leake

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