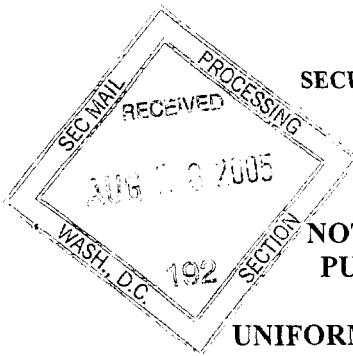


FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

109899

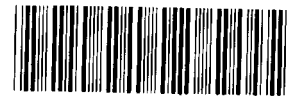
OMB APPROVAL table with OMB Number: 3235-0076, Expires: April 30, 2008, Estimated average burden: 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

Name of Offering, Sale of mineral and/or overriding royalty interests by Chevron U.S.A. Inc., Filing Under (Rule 504, Rule 505, Rule 506, Section 4(6), ULOE), Type of Filing (New Filing, Amendment)



05064302

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of issuer (Chevron U.S.A. Inc.)

Address of Executive Offices (6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324) Telephone Number (925-842-2802)

Address of Principal Business Operations (1500 Louisiana Street, Houston, TX 77002) Telephone Number (832-854-4686)

Brief Description of Business: Engage in all branches of the petroleum industry as well as mineral, geothermal and other energy activities.

Type of Business Organization: corporation, limited partnership, already formed, other (please specify)

PROCESSED

Actual or Estimated Date of Incorporation or Organization: [08] [1922] Actual Estimated, Jurisdiction of Incorporation or Organization: [P] [A]

B AUG 22 2005 THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where To File, Copies Required, Information Required, Filing Fee

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Handwritten mark

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Chevron U.S.A. Holdings Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Texaco Exploration and Production Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Beebe, Lydia I.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Bindra, Jagjeet S.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Foehr, Matthew J.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Thornton, Thomas R.

Business or Residence Address (Number and Street, City, State, Zip Code)

1500 Louisiana, Houston, TX 77002

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Wilcox, Raymond I.

Business or Residence Address (Number and Street, City, State, Zip Code)

1500 Louisiana, Houston, TX 77002

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**A. BASIC IDENTIFICATION DATA**

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Barry, Lisa B.

Business or Residence Address (Number and Street, City, State, Zip Code)

1401 Eye St. NW, Washington, DC 20005-2225

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Farrand, Stephen J.

Business or Residence Address (Number and Street, City, State, Zip Code)

2005 Diamond Blvd., Concord, CA 74520

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Hagstrom, Gary H.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Loneragan, Leo

Business or Residence Address (Number and Street, City, State, Zip Code)

6101 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Paul, Donald

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Payne, Haywood A.

Business or Residence Address (Number and Street, City, State, Zip Code)

2613 Camino Ramon, San Ramon, CA 94583-4289

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Scott, Edward B.

Business or Residence Address (Number and Street, City, State, Zip Code)

6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**A. BASIC IDENTIFICATION DATA**

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)  
Taylor, Walker C.

Business or Residence Address (Number and Street, City, State, Zip Code)  
6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)  
Williams, Warner M.

Business or Residence Address (Number and Street, City, State, Zip Code)  
9525 Camino Media, Bakersfield, CA 93311

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name fist, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  Yes  No  
 Answer also in Appendix, Column 2, if filing under ULOE
2. What is the minimum investment that will be accepted from any individual? ..... \$ N/A
3. Does the offering permit joint ownership of a single unit? .....  Yes  No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)  
 EnergyNet.com, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)  
 7201 I-40 West, Suite 319, Amarillo, Texas 79106

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) .....  All States

- |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> CT | <input type="checkbox"/> DE            | <input type="checkbox"/> DC            | <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> GA | <input type="checkbox"/> HI            | <input checked="" type="checkbox"/> ID |
| <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> MD | <input type="checkbox"/> MA            | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> MS | <input type="checkbox"/> MO            |
| <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> NV | <input type="checkbox"/> NH            | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> NM | <input type="checkbox"/> NY            | <input type="checkbox"/> NC            | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> OR            | <input checked="" type="checkbox"/> PA |
| <input type="checkbox"/> RI            | <input type="checkbox"/> SC            | <input checked="" type="checkbox"/> SD | <input checked="" type="checkbox"/> TN | <input checked="" type="checkbox"/> TX | <input checked="" type="checkbox"/> UT | <input type="checkbox"/> VT            | <input checked="" type="checkbox"/> VA | <input type="checkbox"/> WA            | <input checked="" type="checkbox"/> WV | <input checked="" type="checkbox"/> WI | <input checked="" type="checkbox"/> WY | <input type="checkbox"/> PR            |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) .....  All States

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) .....  All States

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

5. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ 0	\$ 0
Equity.....	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred	\$ 0	\$ 0
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify ) <u>Mineral and/or Overriding Royalty Interests<sup>1</sup></u> .....	\$ 1,345.00	\$ 1,345.00
Total.....	\$ 1,345.00	\$ 1,345.00

Answer also in Appendix, Column 3, if filing under ULOE

6. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	3	\$ 1,345.00
Non-accredited Investors.....	0	\$ 0
Total (for filings under Rule 504 only).....	<u>N/A</u>	<u>\$ N/A</u>

Answer also in Appendix, Column 4, if filing under ULOE

7. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505.....	<u>N/A</u>	<u>\$ N/A</u>
Regulation A.....	<u>N/A</u>	<u>\$ N/A</u>
Rule 504.....	<u>N/A</u>	<u>\$ N/A</u>
Total.....	<u>N/A</u>	<u>\$ N/A</u>

8. a. Furnish a statement of all expenses in connections with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input checked="" type="checkbox"/>	\$ 0
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ 0
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 6.73
Accounting Fees.....	<input checked="" type="checkbox"/>	\$ 0
Engineering Fees.....	<input checked="" type="checkbox"/>	\$ 0
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ 40.35
Other Expenses (identify).....	<input checked="" type="checkbox"/>	\$ 0
Total.....	<input checked="" type="checkbox"/>	\$ 47.08

<sup>1</sup> Estimated sales occurring at an auction of the interests. THE COMPANY TAKES THE POSITION THAT THE INTERESTS OFFERED DO NOT MEET THE DEFINITION OF A SECURITY AND IS FILING THIS FORM D TO SECURE THE EXEMPTION PROVIDED BY RULE 506 IN THE EVENT THAT SUCH INTERESTS ARE DEEMED TO BE SECURITIES.

**C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

\$ 1,297.92

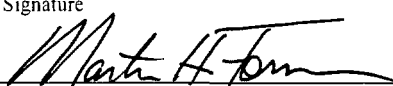
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and the total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

9. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Purchase of real estate	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Purchase, rental or leasing and installation of machinery and equipment	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Construction or leasing of plant buildings and facilities	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Repayment of indebtedness	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Working capital	<input checked="" type="checkbox"/>	\$ 0	\$ 0
Other (specify): <u>General Operating Expenses</u>		\$ 648.96	\$ 648.96
Column Totals	<input checked="" type="checkbox"/>	\$ 648.96	\$ 648.96
Total Payments Listed (column totals added)			<input checked="" type="checkbox"/> \$ 1,297.92

**D: FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Chevron U.S.A. Inc.	Signature 	Date 8/17/05
Name of Signer (Print or Type) Martin H. Forman	Title of Signer (Print or Type) Assistant Secretary	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)