

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
MMD60-3160-2

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL DEEPEN PLUG BACK

b. TYPE OF WELL

OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR

CHEVRON USA INC

3a. Area Code & Phone No.

(915) 687-7549

3. ADDRESS OF OPERATOR

P.O. Box 1150 MIDLAND, TX 79702 ATTN: ED DOWDNEY Rm 4111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface 990 FSL + 1650 FEL, Unit 0

At proposed prod. zone

GRAYBURG

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

± 4.5 Miles SE of Monument

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

3000

17. NO. OF ACRES ASSIGNED TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

4500

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3563 GR

22. APPROX. DATE WORK WILL START*
3/15/91

23. EXISTING PROPOSED CASING AND CEMENTING PROGRAM

HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
	10 3/4				249	225 SX
	7 5/8				1303	425 SX
	5 1/2				3670	425 SX

1.) Deepen w/ 6 1/4" bit from 3852'-4500' selectively perf acqy as needed.

2.) 3000 PSI BOPE.

3.) STARCH/BRINE MUD SYS.

4.) WELL NAME CHANGE FROM REED B#6 to EMSUB # 920.

5.) API # 30-025-04299

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED Lee Winn TITLE DRILLING O.A. DATE 2-25-91

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 3-5-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side