

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

30-025-04317

BLM Roswell District
Modified Form No.
NM60-3160-2

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 *injection*

SINGLE ZONE

MULTIPLE ZONE

2. NAME OF OPERATOR

CHEVRON USA INC

3a. Area Code & Phone No.

915-687-7817

3. ADDRESS OF OPERATOR

P.O. Box 1150 Midland TX 79702 ATTN: ED Doherty Rm 4111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

1980 FNL + 660 FWL

At proposed prod. zone

Unit E

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

5 1/2 miles Southwest of Monument

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. 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

4400'

20. ROTARY OR CABLE TOOLS

Rotary

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

22. APPROX. DATE WORK WILL START*

EXISTING PROPOSED CASING AND CEMENTING PROGRAM

HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
<i>17 1/4"</i>	<i>13"</i>				<i>292'</i>	
<i>12"</i>	<i>9 5/8"</i>	<i>36</i>			<i>2543'</i>	
<i>8 3/4"</i>	<i>7"</i>	<i>22</i>			<i>3758'</i>	
					<i>3870' TD.</i>	

DEEPEN WELL from 3870' to 4400' & convert to a open hole water injection well. Repair csg & stimulate as needed. Selective injection interval 3300'-4400'.

Subject to
Like Approval
by State

RECEIVED
 JAN 25 10 53 AM '91

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: *E. O. Doherty* TITLE: *T.A. Delg.* DATE: *1/2/91*

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY: *Ed. Signed by Andrew J. Delg.* TITLE: *PERM. SUPERVISOR* DATE: *2/1/91*

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side