

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD to New Wells) 30-025-31080
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Lease Name or Unit Agreement Name EUNICE Monument South Unit (Exp-B)		
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			8. Well No. 855		
2. Name of Operator CHEURON USA INC			9. Pool name or Wildcat EUNICE Monument GRAYBURG-SA		
3. Address of Operator P.O. Box 1150 Midland TX 79702 Attn: ED DOHERTY					
4. Well Location Unit Letter E : 870 Feet From The West Line and 1450 Feet From The North Line					
Section 11		Township 20S		Range 36E NMPM LEA County	
10. Proposed Depth 4200		11. Formation GRAYBURG		12. Rotary or C.T. ROTARY	
13. Elevations (Show whether DF, RT, GR, etc.) 3585.6 GR		14. Kind & Status Plug. Bond BLANKET		15. Drilling Contractor UNKNOWN	
16. Approx. Date Work will start					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	23	1200	800 SX.	SURF.
7 7/8	5 1/2	15.5	4200	900 SX.	SURF.

MUD PROGRAM:
 0 - 1200 FW Spud mud 9.0 ppg.
 1200 - 4200 BW STARCH 10"

BOPE Equipment:
 3000 psi WP SEE ATTACHED CHEURON CLASS III BOP DRAWING

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **E.O. Doherty** TITLE **Dir. T.A.** DATE **11/12/90**
 TYPE OR PRINT NAME **E.O. DOHERTY** TELEPHONE NO. **915 687-7812**

(This space for State Use)
 APPROVED BY **JERRY SEXTON** DISTRICT I SUPERVISOR TITLE _____ DATE **JAN 04 1991**

CONDITIONS OF APPROVAL, IF ANY:
 Approved for drilling only--well cannot be produced until NS location is approved. Permit Expires 6 Months From Approval Date Unless Drilling Underway.