

Submit to Appropriate

District Office

State Lease-8 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 on New Wells)

30-025-04930

5. Indicate Type of Lease

STATE

☒ FEE☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK

1a. Type of Work:

DRILL ☐RE-ENTER ☐DEEPEN ☒PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐GAS
WELL ☐OTHER
INJECTOR ☐SINGLE
ZONE ☒MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

126

3. Address of Operator

P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD/GRAYBURG

4. Well Location

Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line
 Section 36 Township 21 S Range 36E NMPM LEA County

10. Proposed depth

4300

11. Formation

GRAYBURG

12. Rotary or C.T.

ROTARY

13. Elevation (Show DF, RT, GR, etc.)

3544 GE

14. Kind & Status Plug Bond

BLANKET

15. Drig Contractor

UNKNOWN

16. Date Work will start

ASAP

17 PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
UNKNOWN	9 5/8	25.7	290	275	CIRC.
UNKNOWN	5 1/2	14	3739	350	1872

SQUEEZE CASING AS NEEDED. DEEPEN WELL TO 4300'.

SELECTIVELY PERF AND STIMULATE AS NEEDED.

2000 PSI BOPE.

STARCH AND BRINE MUD SYSTEM.

WELL NAME CHANGE FROM CHEVRON H. LEONARD (NCT-C) # 3.

CONVERT TO INJECTION.

IN ABOVE SPACE DESCRIBE PROPOSED PROG 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

P.R. Matthews

TITLE

TECHNICAL ASSISTANT

DATE

9-20-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1423-202

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
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

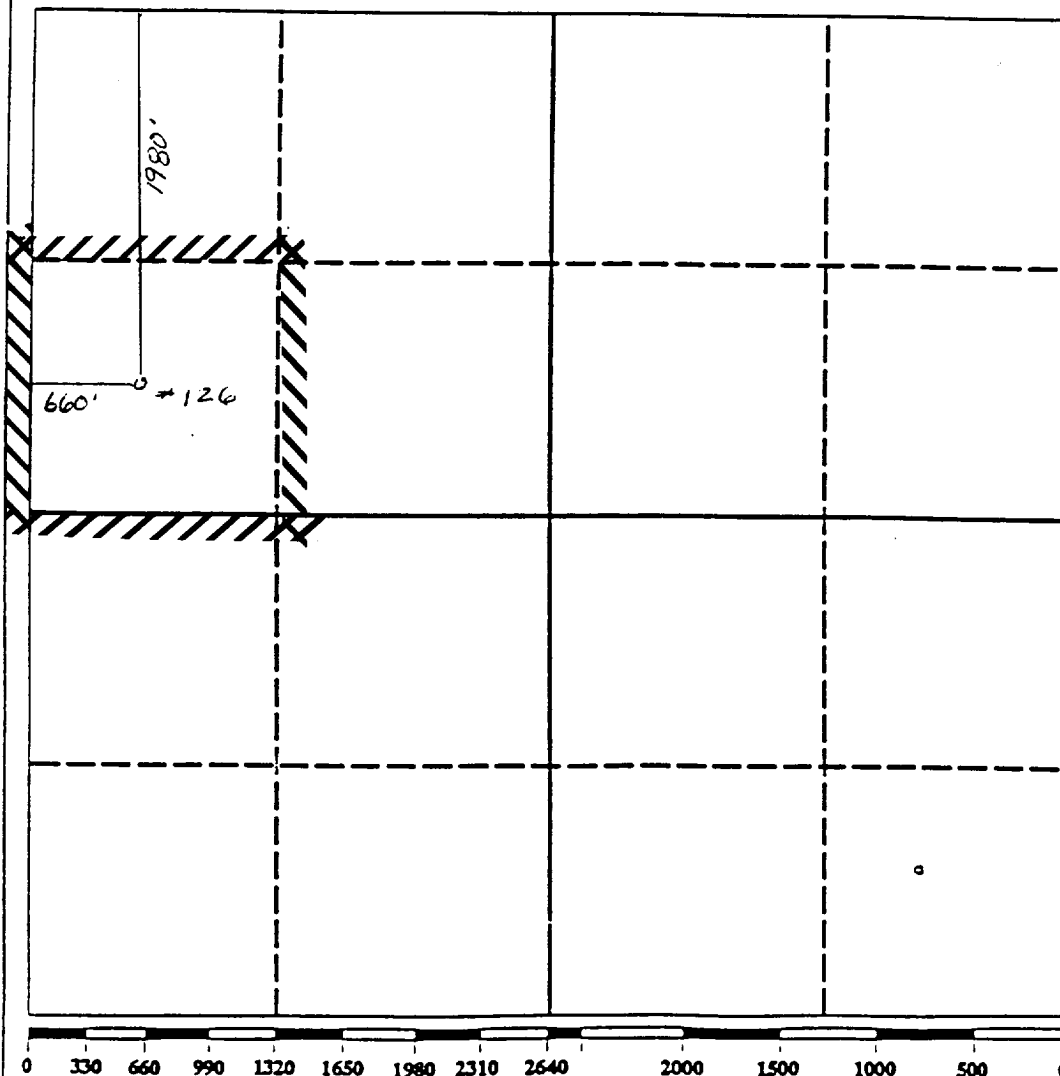
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHEVRON U.S.A. INC.			Lease ARROWHEAD GRAYBURG UNIT		Well No. 126
Unit Letter E	Section 36	Township 21S	Range 36E	County LEA	
Actual Footage Location of Well: 1980 feet from the NORTH line and 660 feet from the SOUTH line					
Ground level Elev. 3544		Producing Formation GRAYBURG		Pool ARROWHEAD GRAYBURG	Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
P.R. Matthews
Printed Name
P.R. MATTHEWS
Position
TECHNICAL ASSISTANT
Company
CHEVRON U.S.A. INC.
Date
9/23/91

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.