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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		Vivian	
2. Name of Operator		9. Well No.	
Chevron U.S.A. Inc.		10	
3. Address of Operator		10. Field and Pool, or Wildcat	
P.O. Box 670 Hobbs, NM 88240		Brunson S. Abo	
4. Location of Well UNIT LETTER: B LOCATED 800 FEET FROM THE North LINE AND 2250 FEET FROM THE East LINE OF SEC. 30 TWP. 22S RGE. 38E NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
		Abo	Pulling Unit
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3362' GL	Blanket	Unknown	A.S.A.P

## 23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No new casing					

Abandon Granite Wash by setting CIBP @ 7310' and cap with 30' of cement. Abandon Drinkard by squeeze cementing perforations from 6310' - 6496'. Drill out cement and test casing to 500 psi for 30 minutes. Perforate Abo from 6569' - 7245'. Acidize and fracture treat as necessary. Equip to pump. Return well to production as an Abo producer.

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.

Signed P. H. Bullock Jr. Title Division Drilling Manager Date 8-11-1986  
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE \_\_\_\_\_ DATE AUG 13 1986

CONDITIONS OF APPROVAL, IF ANY:

## WELL LOCATION AND ACREAGE DEDICATION LAT

Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

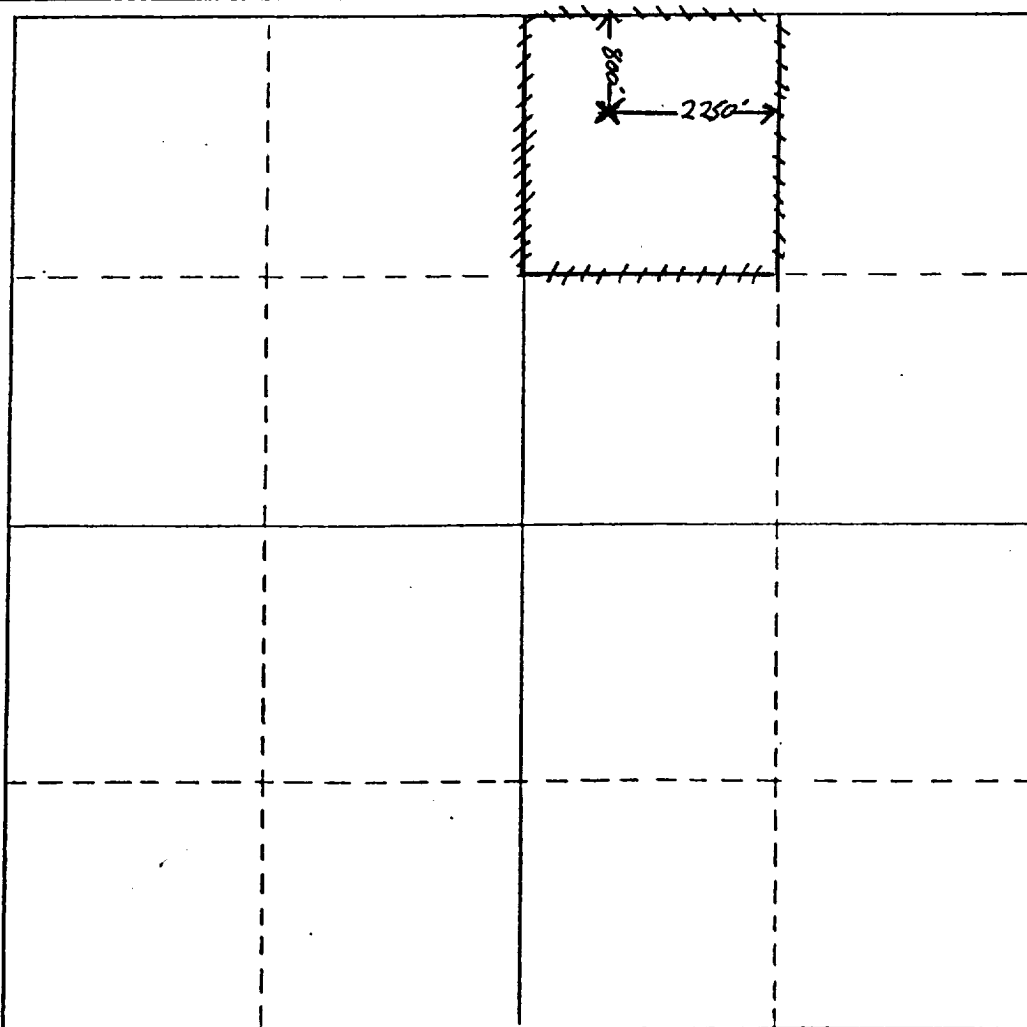
Operator <b>Chevron U.S.A. Inc.</b>		Lease <b>Vivian</b>		Well No. <b>10</b>
Unit Letter <b>B</b>	Section <b>30</b>	Township <b>22S</b>	Range <b>38E</b>	County <b>Lea</b>
Actual Footage Location of Well: <b>800</b> feet from the <b>North</b> line and <b>2250</b> feet from the <b>East</b> line				
Ground Level Elev. <b>3362' GL</b>	Producing Formation <b>Abo</b>		Pool <b>Brunson S. Abo</b>	Dedicated Acreage: <b>40</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 interests 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 interests, has been approved by the Commission.



## CERTIFICATION

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

Name D.H. Buler Jr.  
Position Division Drilling Manager

Company  
Chevron U.S.A. Inc.

Date  
8-11-1986

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 \_\_\_\_\_

Registered Professional Engineer  
and/or Land Surveyor

Certificate No. \_\_\_\_\_

