

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 on New Wells)
30-025-04222

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
 DRILL RE-ENTER DEEPEN PLUG BACK
 b. Type of Well:
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

7. Lease Name or Unit Agreement Name
EWNICE MONUMENT
South Unit-B

2. Name of Operator
CHEVRON USA INC

8. Well No.
852

3. Address of Operator
P.O. Box 1150 MIDLAND TX 79702 ATTN ED DOHERTY Rm 4111

9. Pool name or Wildcat
EWNICE MONUMENT

4. Well Location
 Unit Letter D: 330 Feet From The NORTH Line and 990 Feet From The WEST Line
 Section 11 Township 20S Range 36E NMPM LEA County

10. Proposed Depth 4500
 11. Formation GRAYBURG
 12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.) 3598
 14. Kind & Status Plug. Bond Blanket
 15. Drilling Contractor UNKNOWN
 16. Approx. Date Work will start 3/15/91

Existing PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	<u>1 5/8</u>		<u>271</u>	<u>250</u>	
	<u>10 3/4</u>	<u>45</u>	<u>1161</u>	<u>500</u>	
	<u>7</u>	<u>24</u>	<u>3783</u>	<u>300</u>	
	<u>5</u>	<u>11.5</u>	<u>3860</u>	<u>45</u>	

1. Drilg. OUT CIBP DEEPEN w/ 6 1/4 bit to ± 4500 SELECTIVELY PERF ACC'S AS NEEDED.
2. 3000 psi ROPE
- 3 STARCH / BRINE MUD SYSTEM.
4. WELL FORMER NAME WILLIAM P. BYRD #2
- 5

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 T.A. Drilg DATE 2/21/91
 TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 687-7817

(This space for State Use)
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: