

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)  
 30-025-04253

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

2. Name of Operator  
 CHEVRON U.S.A. INC.

3. Address of Operator  
 P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Well Location  
 Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line  
 Section 13 Township 20S Range 36E NMPM LEA County

7. Lease Name or Unit Agreement Name  
 EUNICE MONUMENT  
 SOUTH UNIT-B

8. Well No.  
 882

9. Pool name or Wildcat  
 EUNICE MONUMENT G/SA

10. Proposed Depth  
 +/- 4500'

11. Formation  
 GRAYBURG

12. Rotary or C.T.  
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)  
 3557 GE

14. Kind & Status Plug. Bond  
 BLANKET

15. Drilling Contractor  
 UNKNOWN

16. Approx. Date Work will start  
 9-15-91

17. ~~EXISTING~~ **PROPOSED CASING AND CEMENT PROGRAM**

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	10 3/4"		240	185	CIRC
	7 7/8 "	26.4	2435	800	CIRC.
	5 1/2"	17	3769	175	CIRC.

IT IS PROPOSED TO:

DEEPEN WELL TO +/- 4500' WITH A 6 1/4" BIT.  
 LOG WELL.  
 SELECTIVELY PERF AND ACDZ.  
 STARCH/BRINE MUD SYSTEM.  
 2000 PSI BOPE.  
 RETURN TO PRODUCTION.

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 P.R. Matthews TECHNICAL ASSISTANT DATE 8-13-91

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**AUG 16 1991**