

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-101
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 6 Copies
 Fee Lease - 5 Copies
 AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address CHEVRON U.S.A., INC. P. O. BOX 1150 MIDLAND, TX 79702		² OGRID Number 4323
		³ API Number 30-025-26451
⁴ Property Code 2606	⁵ Property Name CENTRAL DRINKARD UNIT	⁶ Well No. 432

⁷ Surface Location									Approval Date:
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	29	21S	37E		110	SOUTH	150	EAST	LEA

⁸ Proposed Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
⁹ Proposed Pool 1 DRINKARD 19190					¹⁰ Proposed Pool 2				

¹¹ Work Type Code D	¹² Well Type Code O	¹³ Cable/Rotary	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation
¹⁶ Multiple	¹⁷ Proposed Depth 6650'	¹⁸ Formation DRINKARD	¹⁹ Contractor	²⁰ Spud Date

²¹ Proposed Casing and Cement Program					
Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
NO NEW CASING					

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

POH W/PROD EQPT. SQZ 6297'-6360'. DO CIBP & CMT TO 6550'. DRILL TO 6650'. CIRC CLEAN. PERF 6460'-6521' W/ 4 JHPF. ACZ. RIH W/TBG, PUMP & RODS. RETURN WELL TO PRODUCTION.

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>J.K. Ripley</i>	OIL CONSERVATION DIVISION	
	Approved by: _____	
Printed name: J. K. RIPLEY	Title: _____	
Title: REGULATORY O.A.	Expiration Date: _____	
Date: 07/24/2000	Phone: (915)687-7148	Conditions of Approval: Attached <input type="checkbox"/>

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District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Aramis, NM 88211-0719
District III
1000 Rio Grande Rd., Alamogordo, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

* API Number 30-025-26451		* Pool Code 19190	* Pool Name DRINKARD
* Property Code 2606	* Property Name CENTRAL DRINKARD UNIT		* Well Number 432
* OGRID No. 4323	* Operator Name CHEVRON U.S.A., INC.		* Elevation

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
P	29	21S	37E		110	SOUTH	150	EAST	LEA

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedication Acres 40	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				17 OPERATOR CERTIFICATION	
				I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
				Signature: <u>J. K. Ripley</u> J. K. RIPLEY	
				Printed Name: _____ REGULATORY O.A. Title: _____ Date: 7/24/00 Date: _____	
16				18 SURVEYOR CERTIFICATION	
				I hereby certify that the well location shown on this plat was placed 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 belief.	
				Date of Survey: _____ Signature and Seal of Professional Surveyor: _____	
				Certificate Number: _____	