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Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input 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		8. Farm or Lease Name	
DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> 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"/>		Eddy GR State	
2. Name of Operator		9. Well No.	
Chevron U.S.A. Inc.		2	
3. Address of Operator		10. Field and Pool, or Wildcat	
P.O. Box 670 Hobbs, NM 88240		Loving Delaware South	
4. Location of Well		12. County	
UNIT LETTER <u>G</u> LOCATED <u>1550</u> FEET FROM THE <u>North</u> LINE AND <u>1780</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>16</u> TWP. <u>23S</u> RGE. <u>38E</u> NMPM		Lea Eddy	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
		Brushy Canyon	Pulling Unit
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3024.1' 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					

Recomplete well in Brushy Canyon. Plug back as follows:

Set CIBP @ 11500' and cap with 35' of cement  
 Set 100' cement plug from 10764' - 10864'.  
 Set 100' cement plug from 9658' - 9758'.  
 Set 100' cement plug from 9367' - 9467'.  
 Set CIBP @ 6250' and cap with 35' of cement.

Test casing to 500 psi for 30 minutes. Run cased hole logs. Perforate as logs indicate. Acidize and fracture treat well as necessary. Equip for production. Return to production as an oil well.

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 Les A. Clements Title Division Drilling Manager Date 9-9-1986

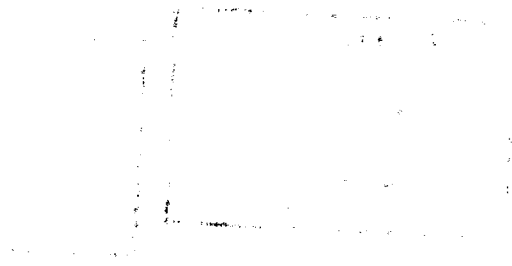
(This space for State Use)

Original Signed By  
Les A. Clements

APPROVED BY \_\_\_\_\_ DATE SEP 17 1986

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District 11



SEP 15 1986  
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HISTORICAL