Form 3160-3TED STATES(August 1999)DEPAR*NT OF THE INTERBUREAU OF LAND MANAGE		N. M. Oli Cor 811 S. 191 C ABTEOIA, IM 322	<u> </u>		RM APPROVED B NO. 1004-0136 November 30, 2000	
APPLICATION FOR PERMIT TO DRILL OR REENTER				5. Lease Serial No. NM-045273		
la. Type of Work DRILL REENTER				6. If Indian, Allotee or Tribe Name		
			N/A 7. 4			
1b. Type of Well Oil Well Gas Well X Other					eement Name and No.	
2. Name of Operator	/ <u></u>		8. Lease Name and Well No.			
hevron U.S.A. Inc.				22		
3a. Address 3b. Phone No. (include area code)				9. API Well No.		
P.O. Box 1150 Midland, TX 79702 (915) 687-7148 4. Location of Well (Report location clearly and in accordance with any State equirements)*				<u> 30-015-32026</u>		
			vo:	10. Field and Pool, or Exploratory DEVONLAN		
At surface 1650' FSL & 1725' FWL UNIT K 5000				11. Sec., T., R., M., or Blk. and Survey or Area		
At proposed prod. zone				SEC. 4, T22S, R23E		
14. Distance in miles and direction from nearest town or post office*				12. County or Parish		
15 MILES WEST OF CARLSBAD, NM				EDDY	NM	
15. Distance from proposed*					to this well	
location to nearest property or lease line, ft. 1650' (Also to nearest drg. unit line, if any)		677.16			40	
 Distance from proposed location* to nearest well, drilling, completed, 		19.Proposed Depth 20.B.		LM/BIA Bond No. on file		
applied for, on this lease, ft.		10,400'				
1. Elevations (Show whether DF, KDB, RT, GL, etc.		22. Approximate date work will start*		23. Estimated duration		
4113'		9/1/01		4 WEEKS		
	24. At	tachments Roswell	Cont	rolled Water I	Basin	
The following, completed in accordance with the requirements of Onshore	Oil and	Gas Order No. 1, shall be attache	d to this	s form:		
 Well plat certified by a registered surveyor. A Drilling Plan A Surface Use Plan (if the location is on National Forest System Lands, the SUPO shall be filed with the appropriate Forest Service Office). Bond to cover the operations unless covered by an existing bond on file Item 20 above). Operator certification. Such other site specific information and/or plans as may be required by authorized officer. 					Č ,	
25. Signuature $2 \cdot 1$	Name	(Printed/Typed)		Dat	e	
Ar Kinler	A KUNNIK J. K. RIPLEY			1	6/8/01	
Title REGULATORY O.A.	· I			I		
Approved by (Signautre) /s/ LESLIE A. THEISS	Name (Printed/Typed) /s/ LESLIE A. THEIS			S Da	OCT 0 1 2001	
FIELD MANAGER	Office CARLSBAD FIELD OFFICE					
Application approval does not warrant or certify that the applicant holds le conduct operations thereon. Conditions of approval, if any, are attached.						
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a United States any false, fictitious or fraudulent statements or representations	a crime : s as to a	for any person knowlingly and v ny matter within its jurisdiction.	villfully	to make to any de	partment or agency of the	

*(Instructions on Reverse)

SUBJECT TO LIKE APPROVAL BY STATE



APPROVAL SUBJECT TO GENERAL REQUIREMENTS AND SPECIAL STIPULATIONS ATTACHED

EUREAU OF 1240D MOME BECENED