Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-25068

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:

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

7. Lease Name or Unit Agreement Name: FANNYE M HOLLOWAY

2. Name of Operator: CHEVRON USA INC.

8. Well No. 3

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

9. Pool name or Wildcat: ~~PREMIER SAND~~ Wildcat Brantley

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The EAST Line

Section 13 Township 17S Range 38E NMPM LEA County

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

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3687 GR			3/27/91

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

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13 3/8		320	325	surf
	9 5/8	36 & 40	4998	2150	surf
	5 1/2	15 & 17	12055	250	10887 T.S.

MIRU set CIBP @ ±9625' Dump 35' on top. Spot 9.5 ppg mud f/ 9590' - 6700'. Spot 25 sx plug f/ 9360-9160'. Spot 25 sx cmt plug f/ 6950-6750'. Log NEW ZONE pick perfs & perf w/ 4" guns 180° phasing. Acid w/ 500 gals 15% FRAC w/ 50,000 gals gel & 100,000 # 12/20 SD. pump test.

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. Drlg DATE 3/12/91

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: