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) 30-025-31005

5. Indicate Type of Lease STATE [X] 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 [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Lea "YL" State

2. Name of Operator: Chevron U.S.A. Inc.

8. Well No. 2

3. Address of Operator: P.O. Box 670, Hobbs NM 88240

9. Pool name or Wildcat: Shipp/Strawn

4. Well Location
Unit Letter J : 2230 Feet From The South Line and 2310 Feet From The East Line

Section 2 Township 17S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,000'	Strawn	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3757.9	Blanket	Unknown	10-1-90

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13 3/4"	11 3/4"	42#	450'	500 SX	Circ
11"	8 5/8"	24#	4500'	1000 SX	Circ
7 7/8"	5 1/2"	17#	12000'	1000 SX	Circ

Mud Program:

0-450' FW Native Spud Mud 8.5-9#

450'-4500' BW 10#

4500'-12000' FW KCL Starch 8.5-10#

BOP EQUIPMENT:

3000 psi Working Pressure - See attached Chevron Class III.

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 M. E. Akins 9/7/90 TITLE Staff Drlg. Engr. DATE 8-23-90

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 915-687-7679

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

R-9325 N.S.L.

Permit Expires 6 Months From Approval Date Unless Drilling Underway