

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN PLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1425.

30-025-31010

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR
P.O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface
2310' FNL & 330' FWL
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
330

16. NO. OF ACRES IN LEASE
440

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
9400'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3901.9'

22. APPROX. DATE WORK WILL START*
9-1-90

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
14 3/4	11 3/4	42#	500	500 sx <u>Circ.</u>
11	8 5/8	32#	3800	1200 sx <u>Circ.</u>
7 7/8	5 1/2	17 & 20	9200	1500 sx <u>Tie into 8 5/8"</u>

MUD PROGRAM: 0 - 450 FW SPUD MUD 8.6-8.8 PPG 32-36 VIS 8-9PH
450 - 3800 NATIVE TO BRINE H2O 9.0-10.1 PPG 28-32 VIS 8-9PH
3800 - 9200 CUT BRINE 8.4-9.2 PPG 28-32 VIS 8-9 PH

BOP EQUIPMENT: SEE ATTACHED DRAWING FOR 3000 PSI WORKING PRESSURE

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

APPROVED BY
OF THE
FOR THE
CONDUCT OF THE

RECEIVED
JUL 16 1990
U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Div. Dirg. Mgr. DATE 7-16-90

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY [Signature] TITLE _____ DATE 9-13-90

CONDITIONS OF APPROVAL, IF ANY: _____

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

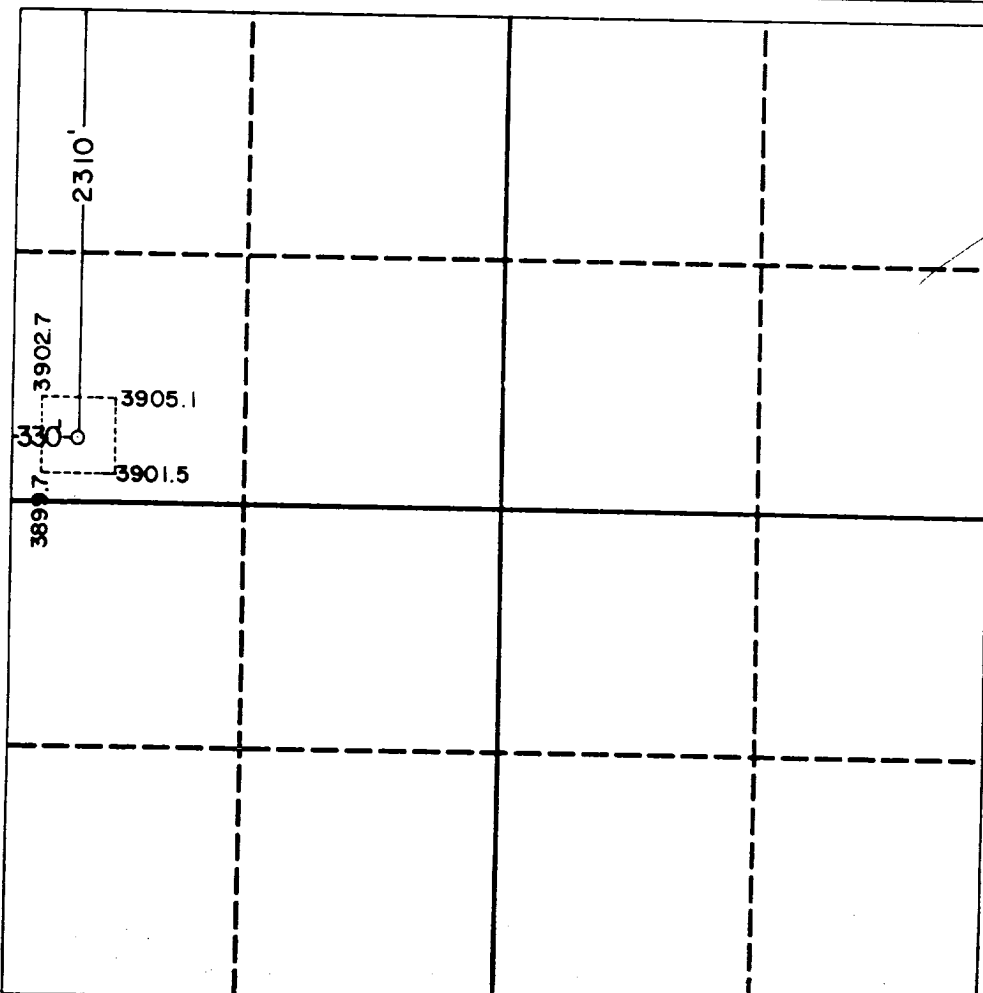
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHEVRON USA, INC			Lease Sprinkle B Federal		Well No. 2
Unit Letter E	Section 1	Township 18 South	Range 32 East	County Lea	
Actual Footage Location of Well: 2310 feet from the North line and 330 feet from the West line					
Ground level Elev. 3901.9		Producing Formation Bone Springs	Pool Young North	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature <i>Richard C. Smith</i>
Printed Name R. C. Smith
Position Div. Drlg. Mgr.
Company Chevron U.S.A. Inc.
Date 7-18-90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat is correct and that the notes of actual survey are true and correct to the best of my knowledge and belief.

NO. 676
Date July 17 1990
Signature <i>John W. West</i>
Professional Seal JOHN W. WEST
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

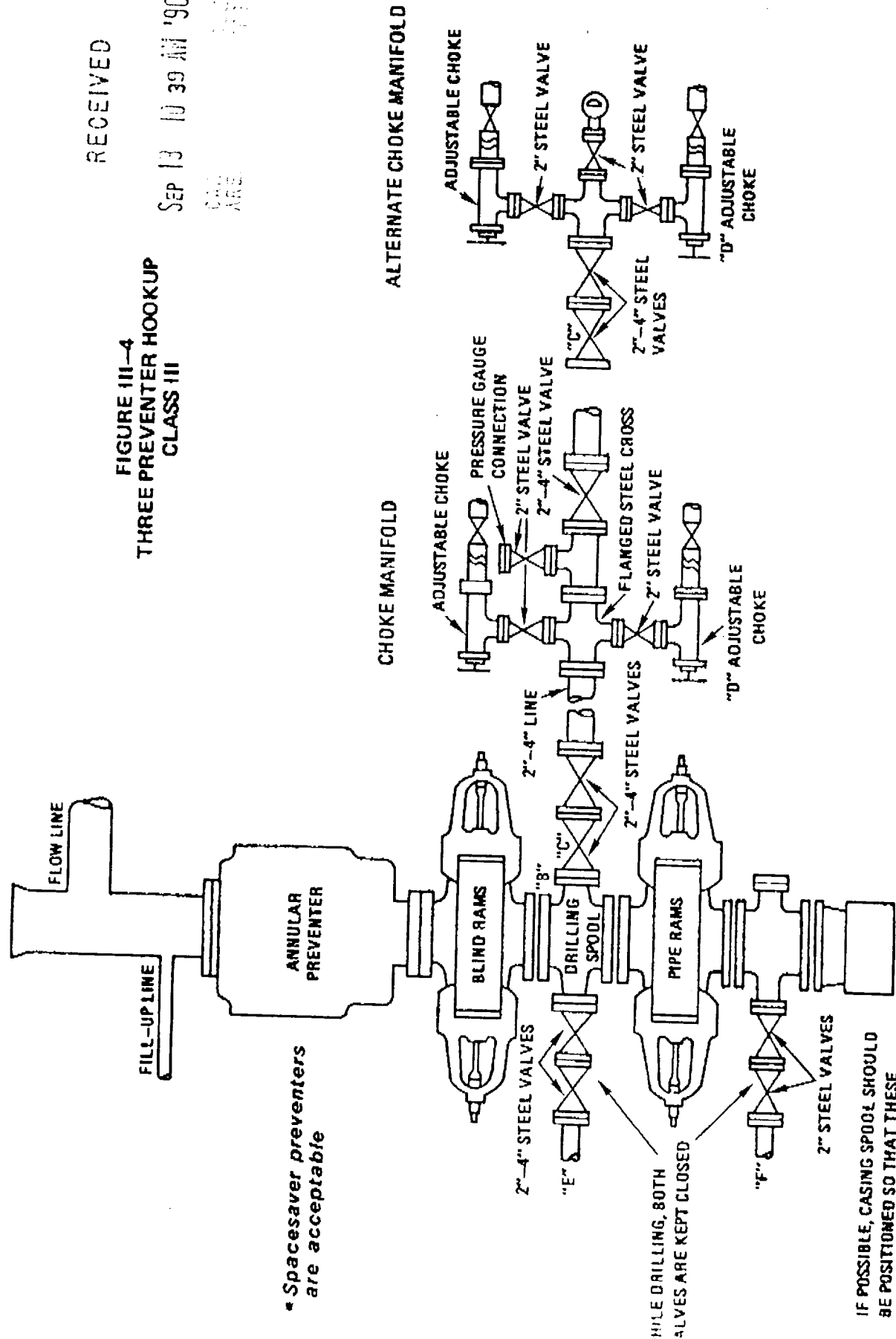
505-825-9264

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SEP 13 10 39 AM '90

DATE
TIME

FIGURE III-4
THREE PREVENTER HOOKUP
CLASS III



GENERAL INSTRUCTIONS ON PAGE FOLLOWING FIGURE III-7

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SEP 14 1990

SEP 14 1990

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ELF

recd 10/3/90