

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 USA INC

3a. Area Code & Phone No.
(915) 687-7549

3. ADDRESS OF OPERATOR
P.O. Box 1150 MIDLAND, TX 79702 Attn: ED Doherty Rm 4111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At proposed prod. zone
2310 FSL & 1650 FEL
GRAYBURG Unit J

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
± 4.5 Miles SE of Monument

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit line, if any)
3566' DF

16. NO. OF ACRES IN LEASE
3000

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.
4500

19. PROPOSED DEPTH
4500

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3566' DF

22. APPROX. DATE WORK WILL START
3/15/91

EXISTING PROPOSED CASING AND CEMENTING PROGRAM						
HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
	10 3/4				225	250
	7 5/8				1164	425
	5 1/2				3740	425
	4				3862	50
TOL @ 3702						

1.) Drill out pkr @ 3799' DEEPEN ± 4500' w/6 1/4" bit selectively perf + ACD'2.

- 2.) 3000 psi BOPE.
- 3.) STARCH/BRINE MUD SYS.
- 4.) WELL NAME CHANGE FROM SANDERSON A #14 to EMSUB #884.
- 5.) API #30-025-04268.

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 E. O. Noharty TITLE DRILLING T.A. DATE 2/25/91
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

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