NO. OF COPIES RECEIVED		ИЕW	MEXICO OIL CONSE	RVATION COMMISSIO		Form C-101	
SANTA FE						Revised 1-1-6	
FILE						5A. Indicate Type of Lease	
U.S.G.S.	1-1					STATE	FEE XX
OPERATOR						-5. State Oll	& Gas Lease No.
OF ERRIOR						mm	mmmm
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1a. Type of Work						7. Unit Agre	ement Name
DRILL Re-ENTRY DEEPEN XX PLUGBACK							Monument South U
b. Type of Well							ease Name
OIL GAS WELL	отн	er Inj	jector	SINGLE ML	ZONE		
2. Name of Operator					20112	9. Well No.	
Chevron U.S.A. Inc.						124	
3. Address of Operator						10. Field and Pool, or Wildcat	
P.O. Box 670, Hobbs, NM 88240						Eunice Monument G/SA	
4. Location of Well UNIT LETTER 0 LOCATED 660 FEET FROM THE SOUTH							
AND 1980 FEET FROM	E - 2	· +	25				
AND 1980 FEET FROM	THE Eas	LITTIN	E OF SEC. 25	TWP. 20S	36E NMPM	7777777	<i>miiiiiiiiii</i>
						12. County	
/////////////////////////////////////	<i>HHHH</i>	+++++	/////////////////////////////////////	/////////////////////////////////////	44444	Lea	HHHHHHmm
//////////////////////////////////////	4444	+++++	/////////////////////////////////////	19. Proposed Depth	19A. Formation	<u>, , , , , , , , , , , , , , , , , , , </u>	20, Rotary or C.T.
	///////			3910	Graybu		
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond		1 - 3 -			. Date Work will start
3546'				not yet k	nown		ASAP
23.		Р	ROPOSED CASING AN			·• · · · · · · · · · · · · · · · · · ·	
SIZE OF HOLE	SIZE OF	CASING	WEIGHT PER FOOT	SETTING DEPTH	H SACKS OF	CEMENT	EST. TOP
No New Casing							
	ı		ı	1	I		I
nter P&A'd well, cle 716 and 3728 and ope o 600psi for 30 minu	n hole (3735 - 3	3910'. Equip f	for injection,	50' to 39 test casi	10'. Ac ng, pkr	idize perfs and tubing
Re-CNT4 OF R-7766 IN ABOVE SPACE DESCRIBE PR TIVE ZONE. GIVE BLOWOUT PREVENT! I hereby certify that the information	OPOSED PRER PROGRAM.	OGRAM: IF	PROPOSAL IS TO DEEPEN C	DR PLUG BACK, GIVE DATA		OUCTIVE ZONE	AND PROPOSED NEW PRODUC
A A		ue and comp	nete to the best of my k	nowledge and belief.			
Signed M. C. C	Upm)	TitleSTAFFDR	ILLING ENGINEE	₹ .	Date .HIN	IF 15. 1987
(This space for S	State Use)						170/
ORIGINAL SIGNED APPROVED BY — DISTRICT 1	TRRSL TE	SEXTON .	TITLE				IN 1 7 1987
CONDITIONS OF APPROVAL, IF	ANY:	K				ATE <u>Y</u> Asshe F	rom Approval

Permit Expires & Months From Approval
Date Unless Delling Underway.

workever