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) 30-025-5643

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:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☒

7. Lease Name or Unit Agreement Name
B.V. CULP (NCT-A)
~~GAS~~ COM

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No. 3

3. Address of Operator
P.O BOX 1150 MIDLAND, TX 79702

9. Pool name or Wildcat
EUMONT Y-SR-Q

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 19 Township 19S Range 37E NMPM LEA County

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

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3698 GE	------		ASAP

17. EXISTING

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13"	-----	285	250	
	9 5/8"	36	1363	450	
	7"	24	3813	450	

IT IS PROPOSED TO: Abandon Eumont & complete as a GB/SA single

1. ISOLATE AND CEMENT SQUEEZE THE EUMONT PAY AT 3423'-3570'.
2. RETURN TO PRODUCTION IN THE EUNICE MONUMENT GRAYBURG PAY.

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 P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 8-23-91

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL SIGNED BY MARY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 30 1991

CONDITIONS OF APPROVAL, IF ANY: