Submit to Appropriate

State of New Mexico

Form C-101

District Office

Energy, Minerals and Natural Resources Department 1-1-89

DISTRICT I			ONCEDIA	ATION			
P.O. Box 1980, Hob			ONSERV	AHONL	JIVISI	ON	
P.O. Box 1980, Hob			Box 2088				
_	he NM 88240	Santa	Fe, New Me				
DISTRICT II				API NO. (assigned by OCD on New Wells)			
P.O. Drawer Dd, Artesia, NM 88210				30-025-12476			
DISTRICT III				6. Indicate Type of Lease STATE X FEE			
1000 Rio Brazos Rd., Aztec, Nm 87410				0.00.000	8. State Oil & Gas Lease No.		
				I -	N/A		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK 1a. Type of Work:							
b. Type of Well:	DRILL RE-EN	R DEEPEN	PLUG BACK	7. Lease Name or Unit Agreement Name GRAHAM STATE (NCT-F)			
OIL WEI	GAS OTHER	SINGLE	MULTIPLE				
2. Name of Operato			ZONE	 			
CHEV	8. Well No.						
3. Address of Operator				9. Pool name o	or Wildcat	umont y-s	
P.O. BC	X 1150, MIDLA	ND, TX 79702	ATTN: P.R. M	IATTHEWS	RM. 41	15-A	
4. Well Location Unit Letter							
•	<u>. 196</u>	Geet From The EAS	Line	an <u>d 198</u>	Geet From T	he SOUTIHe	
Section	36	Township 195	S Rang	• 36E	NMPM	LEA County	
10. Proposed depth				11. Formation		12. Rotary or C.T.	
13. Elevation (Show DF,RT, GR, etc.)		3415		QUEEN/PENROSE			
3593		14. Kind & Status Plug Bond 15. D		Drig Contractor	16. Date W	ork will start	
17		ED CASING AND	OFMENT DRAG		L	ASAP	
SIZE OF HOLE	SIZE OF CASING			RAM			
	10 3/4"	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEN	MENT	EST. TOP	
	7 5/8"	32	273	150		SURFACE	
		22	2336	300		176'	
	5 1/2"	17	l 3855	1 150			
				150		1150'	

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 PROTUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

TITLE TECHNICAL ASSISTANT DATE 1-23-92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812

APPROVED BY DATE

DATE

DATE