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) 30-025-12723

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
EUNICE MONUMENT South Unit-B

2. Name of Operator
CHEVRON USA INC

8. Well No.
861

3. Address of Operator
P.O. BOX 1150 MIDLAND TX 79702 ATTN ED DOHERTY Rm 4111

9. Pool name or Wildcat
EUNICE MONUMENT

4. Well Location
Unit Letter L : 2310 Feet From The South Line and 990 Feet From The WEST Line

Section 11 Township 20S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
4500	GRAYBURG	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3589 GR	BLANKET	UNKNOWN	3-15-91

17. ~~PROPOSED~~ Existing CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	12 1/2		249	300	
	9 5/8	40	1204	400	
	7	24	3776	300	TOC @ 1937
	5	11.5 from 3894 to	3894	50	

1. DEEPEN WELL ± 4500 W/6 1/4" bit SELECTIVELY PERF.

2. 3000 PSI BOPE

3 STARCH / BRINE MUD SYSTEM.

4. WELL FORMER NAME WILLIAM P. BYRD #2

5

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 E. O. Doherty TITLE T.A. Dclg DATE 2/21/91

TYPE OR PRINT NAME E. O. Doherty TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: