A1 B

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)

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:

b. Type of Well: DRILL [X] RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐
OIL WELL ☐ GAS WELL [X] OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: B.V. Culp NCT- A

2. Name of Operator: Chevron U.S.A. Inc.

8. Well No.: 10

3. Address of Operator: P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat: Yates/Seven Rivers

4. Well Location
Unit Letter _____ : 840 Feet From The North Line and 990 Feet From The East Line

Section 19 Township 19S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3700'	Yates/Seven Rivers	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
	blanket	unknown	9-5-90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"	24#	1250'	350 sx	Circ.
7 7/8"	5 1/2"	15.5.#	3700'	300 sx	Circ.

BOP EQUIPMENT:
3000 PSI WP - SEE ATTACHED CHEVRON CLASS III BOP DRAWING

MUD PROGRAM:
0-1250 FW SPUD MUD 9.0 PPG
1250-3700 BW STARCH 10#

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 M. E. Akins 8/20/90 TITLE Staff Drlg. Engr. DATE 8-20-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: