

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-08744

5. Indicate Type of Lease

STATE ☒ FEE

6. State Oil & Gas Lease No.

B-1484-6

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG

Unit

8. Well No.

171 WEI

9. Pool name or Wildcat

ARROWHEAD

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 ☐ injector

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. Name of Operator

CHEVRON USA INC

3. Address of Operator

P.O. Box 1150 Midland TX 79702 ATTN Rm 4111

4. Well Location

Unit Letter

K

: 2310

Feet From The

South

Line and

2310

Feet From The

West

Section

2

Township

22S

Range

36E

NMPM

LEA

County

10. Proposed Depth

4500

13. Elevations (Show whether DF, RT, GR, etc.)

3529 GR

14. Kind & Status Plug Bond

15. Drilling Contractor

11. Formation

GRAYBURG

12. Rotary or C.T.

16. Approx. Date Work will start

6/1/91

SIZE OF HOLE

Existing

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF CASING

WEIGHT PER FOOT

SETTING DEPTH

SACKS OF CEMENT

EST. TOP

8 5/8

5 1/2

15

263

3700

125

300

DEEPEN WELL $\pm$ 4500' w/4 3/4" bit under-REAM to 6 1/2" hole Log.

Mist & BRINE Mud System

Well NAME CHANGED from Oxy STATE N #2

3000 psi BOPE

API # 30-025-08744

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. Delg

TYPE OR PRINT NAME

E.O. DOHERTY

DATE

5/1/91

687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: