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) 30-025-08763

5. Indicate Type of Lease STATE [X] 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 [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
HARRY LEONARD (NCT-D)

2. Name of Operator
CHEVRON USA INC.

8. Well No.
12

3. Address of Operator
P.O. Box 1150 Midland Tx 79702 ATTN: ED Doherty Rm 4111

9. Pool name or Wildcat
Jalmat GAS

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The WEST Line

Section 3 Township 22S Range 36E NMPM LEA County

10. Proposed Depth 3830
11. Formation YATES 7 RIVERS
12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.) 3547
14. Kind & Status Plug. Bond BLANKET
15. Drilling Contractor
16. Approx. Date Work will start 1/23/91

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
NO CHANGE	IN CASING.				

MIRU SET CIBP @ 3700' CAP W/35' cmt. PERF JALMAT W/3-1/8" csg guns f/3119-3505 W/1 JHPF 16 total holes. ACD'z W/4000 gals 15% NEFE Deop 1-1.3 sg 7/8" balls 32 total. Flow swab back. FRAC W/59,500 gals 50/50 x1 gel CO2 + 108000# 20/40 SD. swab & flow return to production.

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. Drlg. DATE 1/3/91

TYPE OR PRINT NAME E. O. Doherty TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Approved for recompletion work only--see attached letter for stipulations.