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) 30-025-08728

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
H.T. MATTERN NCT-E

2. Name of Operator
CHEVRON USA INC.

8. Well No.
3

3. Address of Operator
P.O. Box 1150 Midland TX 79702

9. Pool name or Wildcat
Eumont ~~GAS~~ Y-SR-Q-N

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

Section 12 Township 22S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3780	QUEEN	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3494 GR			

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	10 3/4		280	225	Surf
	6	16	3685	350	2505 T.S

MIRU SET CIBP @ ±3680' DUMP 25' CMT ON TOP. PERF W/4" GUNS PREMIUM CHARGE 0° PHASING F/3464-3640' 1JHPF 18 TOTAL HOLES. ACDZ W/2700 GALS 15% NEFE. FRAC W/77,700 GALS 50/50 X/L-9E/ CO_2 + 190,200 # 12/20 SD FLOW BACK 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 5/13/91

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: