

Submit to Appropriate

District Office

State Lease-6 copies

Fee Lease-6 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)

30-025-08886

5. Indicate Type of Lease

STATE

☐ FEE

☒

6. State Oil & Gas Lease No.

N/A

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☒

PLUG BACK ☐

b. Type of Well:

OIL

GAS

OTHER

SINGLE

MULTIPLE

WELL ☐

WELL ☐ INJECTOR

ZONE ☐

ZONE ☐

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

187

3. Address of Operator

P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD/GB

4. Well Location

Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 12 Township 22S Range 36E NMPM LEA County

10. Proposed depth

4500'

11. Formation

GRAYBURG

12. Rotary or C.T.

ROTARY

13. Elevation (Show DF,RT, GR, etc.)

3481 GE

14. Kind & Status Plug Bond

BLANKET

15. Drig Contractor

UNKNOWN

16. Date Work will start

'04-15-92

17. EXISTING CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
UNK.	9 5/8"	25.7	290	275	SURFACE
UNK.	5 1/2"	14	3685	200	UNK.

DEEPEN TO 4500' WITH BIT AND UNDERREAM TO 6 1/2".

LOG, PERF AND ACIDIZE.

2000 PSI BOPE.

MIST AND BRINE WATER MUD SYSTEM.

WELL NAME FORMER NAME CHEVRON H.T. MATTERN (NCT-E) #9.

CONVERT TO INJECTION.

IN ABOVE SPACE DESCRIBE PROPOSED PROG 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 P.R. Matthews TITLE TECHNICAL ASSISTANT DATE '03-16-92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 19

CONDITIONS OF APPROVAL, IF ANY:

R-9483

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

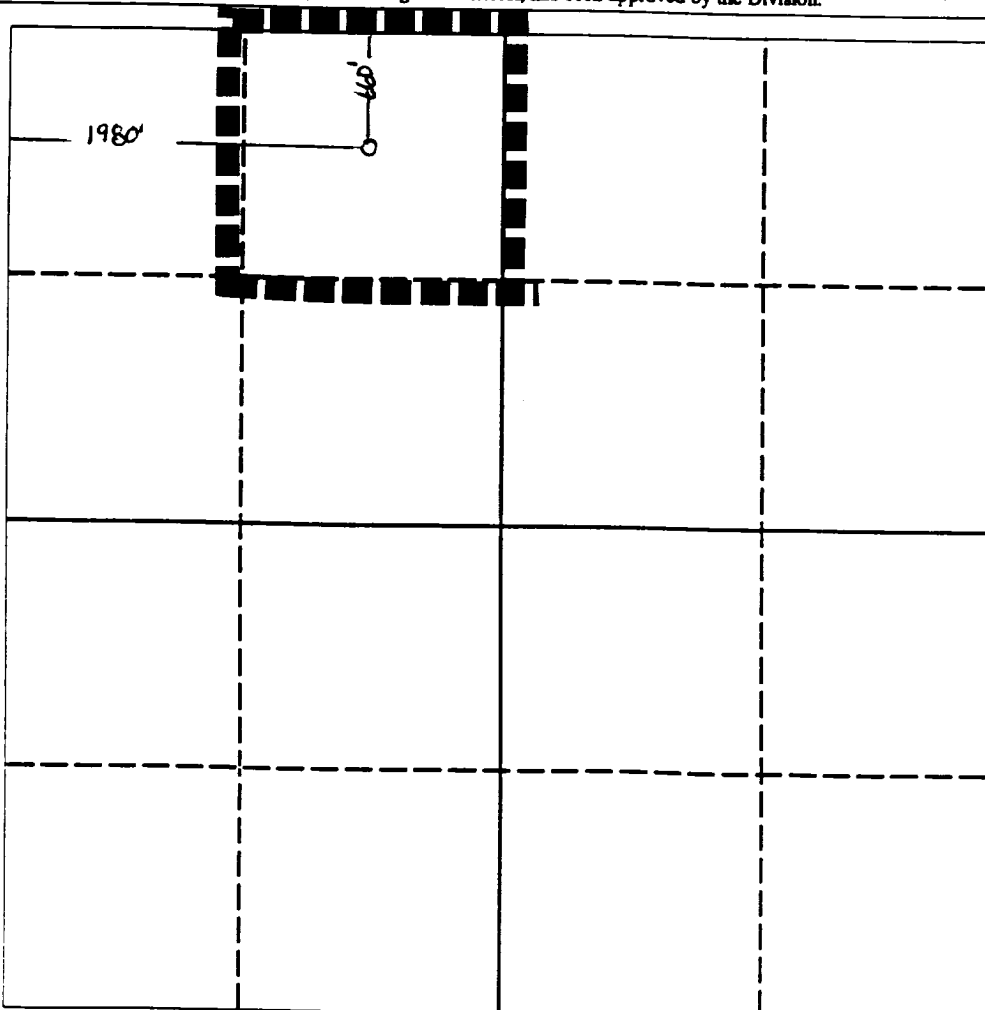
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHEVRON U.S.A. INC.			Lease ARROWHEAD GRAYBURG UNIT		Well No. 187
Unit Letter C	Section 12	Township 22S	Range 36E	County LEA	
Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet from the WEST line					
Ground level Elev. 3481 GE		Producing Formation GRAYBURG		Pool ARROWHEAD	Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
P.R. Matthews

Printed Name
P.R. MATTHEWS

Position
TECHNICAL ASSISTANT

Company
CHEVRON U.S.A. INC.

Date
3-16-92

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0