

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)
30-025-26391
5. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
N/A

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK					
1a. Type of Work:					
DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>					
b. Type of Well:					
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator			8. Well No.		
CHEVRON U.S.A. INC.			210		
3. Address of Operator			9. Pool name or Wildcat		
P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEW			ARROWHEAD/GB		
4. Well Location					
Unit Letter <u>OC</u> : <u>660</u> Feet From The <u>SOUTH</u> Line an <u>1650</u> Feet From The <u>EAST</u> Line					
Section <u>12</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County					
10. Proposed depth		11. Formation		12. Rotary or C.T.	
4500'		GRAYBURG		ROTARY	
13. Elevation (Show DF,RT, GR, etc.)		14. Kind & Status Plug Bond		15. Drlg Contractor	
3469 GE		BLANKET		UNKNOWN	
16. Date Work will start		5-01-92			
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"	36	1220	600	SURFACE
UNK.	5 1/2"	15.5	6800	1475	1050'

Change operator from Amer oil & Gas Co.

PLUG BACK DRINKARD PAY. RECOMPLETE IN THE ARROWHEAD.

LOG, PERF AND ACIDIZE.

2000 PSI BOPE.

MIST AND BRINE WATER MUD SYSTEM.

WELL FORMER NAME: ~~STATE~~ STATE <sup>137</sup> "D" #10.

CONVERT TO INJECTION.

IN ABOVE SPACE DESCRIBE PROPOSE 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 3-24-92

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 30 1992

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

W.R. Roper

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

State of New Mexico  
Oil, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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Santa Fe, New Mexico 87504-2088

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

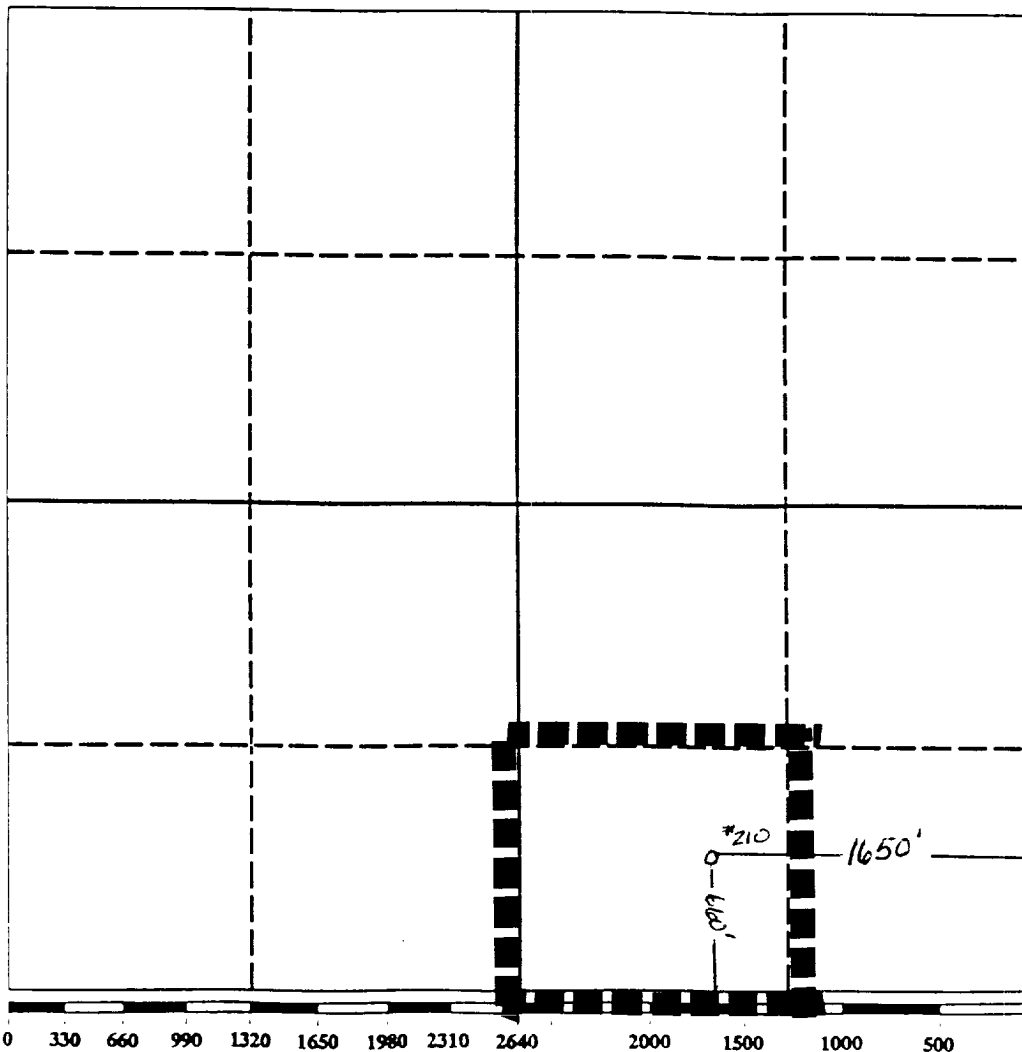
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>CHEVRON U.S.A. INC.</b>			Lease <b>ARROWHEAD GRAYBURG UNIT</b>		Well No. <b>210</b>
Unit Letter <b>A 8</b>	Section <b>12</b>	Township <b>22S</b>	Range <b>36E</b>	County <b>LEA</b>	
Actual Footage Location of Well: <b>660</b> feet from the <b>SOUTH</b> line and <b>1650</b> feet from the <b>EAST</b> line					
Ground level Elev. <b>3416A</b>	Producing Formation <b>GRAYBURG</b>		Pool <b>ARROWHEAD / EB</b>	Dedicated Acreage: <b>40</b> 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  
**3-25-92**

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.