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) 30-025-26450

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: Central Drinkard Unit

2. Name of Operator: Chevron U.S.A. Inc.

8. Well No. 431

3. Address of Operator: P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat: Drinkard

4. Well Location
Unit Letter K : 2392 Feet From The West Line and 2493 Feet From The South Line

Section 33 Township 21S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6650'	Drinkard	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3446' GL	blanket	unknown	

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	1142'	500 sx	Circ.
7 7/8"	5 1/2"	14# & 15.5#	6550'	1450 sx	Circ.

IT IS PROPOSED TO:
SQZ DRINKARD PERFS 6290-6311
DEEPEN FROM 6550 TO 6650' & UNDERREAM
RUN LOGS
SET 4" FJ LINER & CMT
PERF DRINKARD (6500'-6600')
ACDZ & FRAC DRINKARD PERFS
RIH W/PRODUCTION TBG
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 M. E. Akins 8/8/90 TITLE Staff Drlg. Engr. DATE 8-8-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MP