

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)

30-025-26478

6. 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 ☐

ZONE ☐

ZONE ☐

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

204

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

J

2123

Feet From The

SOUTH

Line and

1644

Feet From The

EAST

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.)

3462 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"	36	1209	550	SURFACE
UNK.	5 1/2"	15.5	6800'	2025	SURFACE

DRILL OUT CIBP, SQUEEZE PERFS, REPERF.

LOG PERF AND ACIDIZE.

2000 PSI BOPE.

MIST AND BRINE WATER MUD SYSTEM.

WELL NAME CHANGE FROM ARCO STATE 157-D #11.

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

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE MAR 19 1992

CONDITIONS OF APPROVAL, IF ANY:

*m 1 f*

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

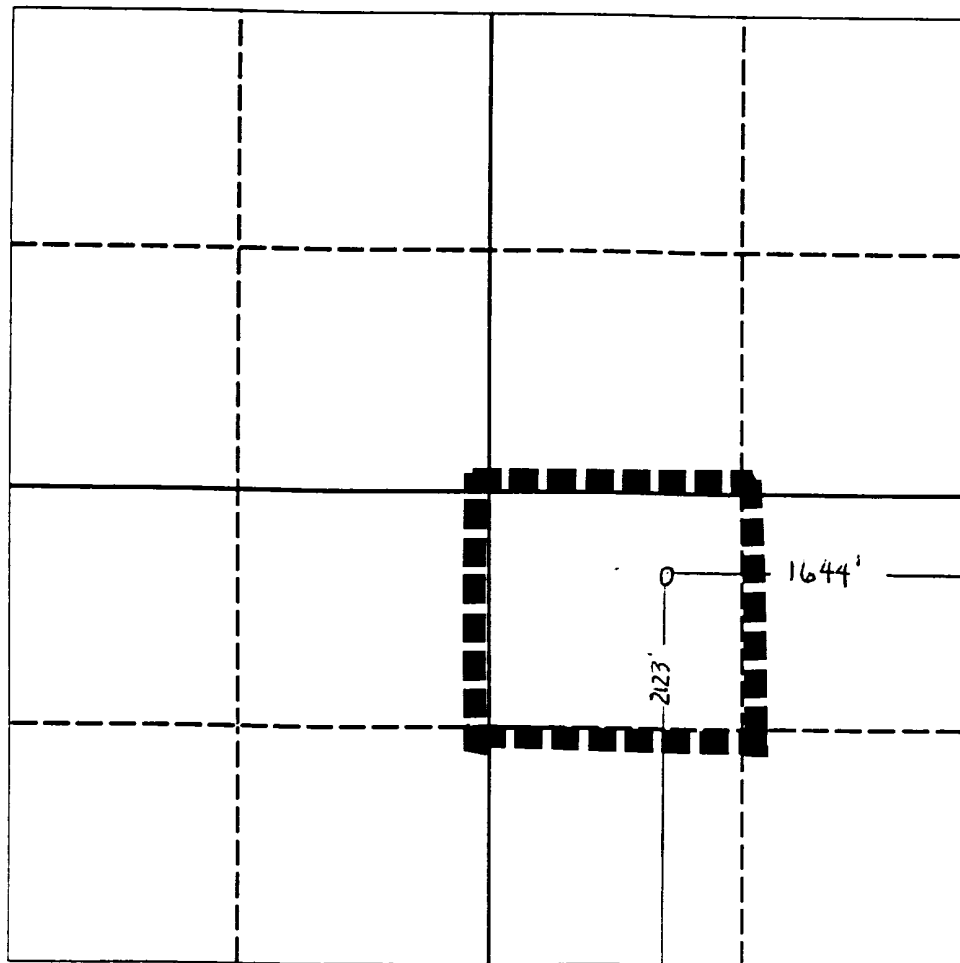
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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. 204
Unit Letter J	Section 12	Township 22S	Range 36E	County LEA	
Actual Footage Location of Well: 2123 feet from the SOUTH line and 1644 feet from the EAST line					
Ground level Elev. 3462 GE	Producing Formation GRAYBURG		Pool ARROWHEAD		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Aztec, 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-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.		Well API No. 30-025-26478
Address P.O. Box 1150, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Old Well Name : State 157 D #11	Effective Date: 6/1/91
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	Filed to show unitization and change of operator
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator ARCO Oil and Gas Co., P.O. Box 1610, Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 204	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Foreign	Lease No.
Location Unit Letter J : 2123 Feet From The South Line and 1644 Feet From The East Line Section 12 Township 22-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature D. M. Bohon  
Printed Name D. M. Bohon Technical Assistant  
Date 6/28/91 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved

MAY 31 1991

By Paul Kautz  
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.