| NO. OF COPIES RECEIVED                  |                                    |                                   |                                  |
|---|------------------------------------|-----------------------------------|----------------------------------|
| DISTRIBUTION                            | NEW MEXICO OIL CONS                |                                   | Form C-101                       |
| SANTA FE                                | 7                                  |                                   | Revised 1-1-65                   |
| FILE                                    | 7                                  | Γ                                 | 5A. Indicate Type of Lease       |
| U.S.G.S.                                |                                    |                                   | STATE FEE X                      |
| LAND OFFICE                             |                                    |                                   | 5. State Oil & Gas Lease No.     |
| OPERATOR                                |                                    |                                   |                                  |
|   | -                                  |                                   |                                  |
| APPLICATION FC                          | OR PERMIT TO DRILL, DEEPEN,        | , OR PLUG BACK                    |                                  |
| 1a. Type of Work                        |                                    |                                   | 7. Unit Agreement Name           |
|   | DEEPEN                             | PLUG BACK                         |                                  |
| b. Type of Well                         |                                    | PLUG BACK X                       | 8. Farm or Lease Name            |
| OIL GAS WELL                            | OTHER                              | SINGLE MULTIPLE ZONE ZONE         | S.J. Sarkey                      |
| 2. Name of Operator                     |                                    |                                   | 9. Well No.                      |
| Chevron U.S.A. INC.                     |                                    |                                   | 2                                |
| 3. Address of Operator                  |                                    |                                   | 10. Field and Pool, or Wildcart  |
| P.O. Box 670 Hobbs, M                   | NM. 88240                          |                                   | Drinkard                         |
| 4. Location of Well UNIT LETTER E       | LOCATED 2310                       | FEET FROM THE NORTH LINE          |                                  |
|   |                                    |                                   |                                  |
| AND 660 FEET FROM THE                   | West LINE OF SEC. 25               | TWP.21S RGE.37E NMPM              |                                  |
|   |                                    |                                   | 12. County                       |
| ΔΗΗΗΗΗΗΗΗ                               |                                    |                                   | Lea Allilli                      |
|   |                                    |                                   |                                  |
| λ                                       |                                    |                                   |                                  |
|   |                                    | 19. Proposed Depth 19A. Formation | 20. Rotory or C.T.               |
| Δ1111111111111111                       |                                    | Drinkard                          |                                  |
| 21. Elevations (Show whether DF, RT, et | tc.) 21A. Kind & Status Plug. Bond | 21B. Drilling Contractor          | 22. Approx. Date Work will start |
| 3379 GL                                 |                                    |                                   | 12-21-1985                       |
| 23.                                     |                                    |                                   |                                  |

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
|              |                |                 |               |                 |          |
|              |                |                 |               |                 |          |
|              |                |                 |               |                 | ·        |
|              |                |                 |               |                 |          |

TA Abo and recomplet in Drinkard. POH with pump, rods, and tubing. Set CIBP @ 6720'. Test CIBP to 1000 psi for 30 minutes. Perforate from 6587'-6690'. Acidize and fracture treat as necessary. Equip to pump. Return well to production.

| IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESI<br>TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. | ENT PRODUCTIVE ZONE AND PROPOSED NEW PRO |  |
|---|--|--|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |  |
| Signed T. H. Quelling Manager   | Date 12-20-1985                          |  |
| (This space for State Use)<br>ORIGINAL SIGNED BY JERRY SEXJON<br>APPROVED BY DISTRICT I SUPERVISOR  | DEC 2 0 1985                             |  |
| CONDITIONS OF APPROVAL, IF ANY:   |  |  |



.