

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☐DEEPEN ☐PLUG BACK ☒

## b. TYPE OF WELL

OIL  
WELL ☐GAS  
WELL ☐OTHER Salt Water Disposal ☒MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

Chevron U.S.A. Inc.

## 3. ADDRESS OF OPERATOR

P.O. Box 670 Hobbs, NM 88240

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

Unit W 660' FSL &amp; 1980' FEL

At proposed prod. zone

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

2 miles NW of Oil Center, NM

## 15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drig. unit line, if any)

660'

## 16. NO. OF ACRES IN LEASE

720

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

NA

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.19. PROPOSED DEPTH  
4965' PBDT20. ROTARY OR CABLE TOOLS  
Pulling Unit

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3584' GL

## 22. APPROX. DATE WORK WILL START\*

3/6/87

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
No New Casing				

Recomplete as a salt water disposal well in the San Andres formation. Set CIBP @ 5000' and cap with 35' of cement. Test CIBP and casing to 600 psi for 30 minutes. Perforate 4114' - 4776'. Acidize as necessary. Equip for disposal.

Former well name was Meyer "B-4" #23.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED M. E. Ahim TITLE Staff Drilling Engineer DATE 2/27/87

(This space for Federal or State office use)

PERMIT NO. Orig. 561 APPROVAL DATE 3-2-87APPROVED BY [Signature] TITLE [Signature] DATE 3-2-87

CONDITIONS OF APPROVAL

Subject to  
Like Approval  
by State

\*See Instructions On Reverse Side

RECEIVED  
MAR 5 1987  
OCD  
HOBBS OFFICE