Submit to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

Revised 1-1-89

State Lease-6 copies
Fee Lease-5 copies

District Office

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT I	Santa Fe, New Mexico 87504-2088									
P.O. Box 1980, Hobbs, NM 88240						API NO. (assigned by OCD on New Wells)				
DISTRICT II						30-025-04895				
P.O. Drawer Dd, Artesis, NM 88210						5. Indicate Type of Lesse				
DISTRICT III						1	STATE	X FEE [
1000 Rio Brazos Rd., Aztec, Nm 87410						6. State Oil & Gas Lesse No. B-229				
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK										
1a. Type of Work:						7. Lesse Name or Unit Agreement Name				
DRILL RE-ENTER DEEPEN PLUG BACK X						ARNOTT-RAMSAY (NCT-D)				
OIL GAS OTHER SINGLE MULTIPLE WELL ZONE ZONE ZONE										
							8. Well No.			
CHEVRON U.S.A. INC.						14				
3. Address of Operator						9. Pool name or Wildcat				
P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS						EUMONT GAS				
4. Well Location		-				1=0				
Unit Letter	<u>H</u> : 1980	80 Feet From The		ГН	Line and	660	Feet From The	EAST	Line	
Section	33	Township	21\$		Range	36E	NMPM	LEA	County	
10. Proposed depth						11. Formation		12. Rotary	or C.T.	
					YATES		ROTARY			
13. Elevation (Show DF,RT, GR, etc.) 14. Kind & S			& Status Plug Bond 15			Contractor	16. Date Work w	rill start		
3580 GL BLANKET UN						KNOWN		8-15-92)	
17	PROPOSED	CASING AND	CEMENT	PROGRAM						
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	SETTING DEPTH	TH SACKS OF CEME			EST. TOP			
UNKNOWN	8 5/8"	UNKNOWN		308,		130		SURFACE		
UNKNOWN	4 1/2"	9.5								
CHRITOTH	7 1/2	3.5	3.5		3970		200		2850 BY TS	
L				<u> </u>		L				
TIH TO CI PERF 315 ACDZ PEF FRAC PEF RETURN 1	POSED TO: IBP AT 3720' AND DUM 0-3376 WITH 1 JHPF, RFS WITH 2300 GALS. RFS WITH 60,500 GALS TO PRODUCTION AS A	13 HOLES. OF 15% NEFE OF 50-50 GE GAS WELL .	E HCL. S	SWAB BACK AND SAND. F	LOW					
	EPROPOSED PROG IF PROPOSAL IS SIVE BLOWOUT PREVENTER PROGF		JG BACK, G	IVE DATA ON PRESI	NT PROD	OUTIVE ZONE AND PRO	POSED			
I hereby certify that the infor	mation above is trug and complete to	the best of my know	wiedge and t	selief.			······································			
SIGNATURE P.W. MILLER TITLE TECHNICAL ASSISTANT							DATE 7-9-92			
TYPE OR PRINT NAME	P.R. MATTHE	ws					TELEPHONE NO.	(915)	687-7812	
ORIGINAL SIGNED BY JERRY SEXTON										
APPROVED BY DISTRICT I SUPERVISOR TITLE							DATE	JUL	13'92	
CONDITIONS OF APPROVAL, IF ANY:							•			