

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-04913

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 ☐

2. Name of Operator

CHEVRON USA, INC.

3. Address of Operator

P.O. Box 1150 Midland TX 79702 ATTN Rm 4111

4. Well Location

Unit Letter

B.M. 660

Feet From The

South

Line and

660

Feet From The

West

Line

Section

35

Township

21S

Range

36E

NMPM

LEA

County

10. Proposed Depth

3865

11. Formation

QUEEN

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3553 GR

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

4/30/91

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	9 5/8	25.7	291	250 sk	SURF.
	5 1/2	14	3761	350 sk TOC	@ 2400' calc.

MIREN SET CIBP @ $\pm 3560'$ Dump Bail 35' cmt on top CIBP
Perf w/ 4" guns 0° phasing 1THPF 10 total holes. Perf f/3002-3404
ACD'2 w/ 2700 gals 15% NEFE SWAB FRAC w/ 77500 gals 50/50
X1-9EI CO2 + 144,900 # 12/20 SD. 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

E. O. Doherty

TITLE

T.A. Delg

DATE

4/23/91

TYPE OR PRINT NAME

E. O. Doherty

687-7812

TELEPHONE NO.

(This space for State Use)

OR ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

APR 25 1991

CONDITIONS OF APPROVAL, IF ANY:

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WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the center of the well.

All Distances must be from the outer boundaries of the section

Operator CHEURON USA INC		Lease W.A. RAMSAY (NCT-A)		Well No. 17
Unit Letter M	Section 35	Township 21S	Range 36E	County LEA
Actual Footage Location of Well: 660 feet from the WEST line and 660 feet from the South line				
Ground level Elev.	Producing Formation QUEEN		Pool Eumost Gas	Dedicated Acreage: 640 Acres
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.				

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 E.O. Doherty

Printed Name E.O. DOHERTY

Position T.A. Delg.

Company Chevron USA Inc.

Date 4/17/91

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.	

