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

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

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-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-04913 04915

5. Indicate Type of Lease STATE [X] 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 [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: W.A. RAMSAY NCT A

2. Name of Operator: CHEVRON USA INC.

8. Well No.: 10

3. Address of Operator: P.O. Box 1150 Midland Tx 79702 Attn Rm 4111

9. Pool name or Wildcat: Eumont GAS

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 35 Township 21S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3880	QUEEN	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3587 GR			6/15/91

17. ~~EXISTING~~ PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	9 5/8		291	250	Surf
	5 1/2	14	3769	350	2600 T.S.

MIRU TIH w/bit to PBTD @ 3864'. TIH ESTABLISH injection RATE IN OPEN hole SET CICR ± 20 ABOVE 5 1/2 csg SHOE Sqz OPEN hole. PERF w/4" guns 1 JHPF PERF will be picked from logs ACD & PERF w/150 gals per perf total of 20 holes. Swab back FRAC w/ 88,000 gals 50/50 CO2 X-LINK GEL + 177,000 # 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. Dist DATE 6/6/91

TYPE OR PRINT NAME E.O. Doherty TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 11 1991

CONDITIONS OF APPROVAL, IF ANY: