

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

**OIL CONSERVATION DIVISION**

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

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

**AMMENDED PERMIT**

API NO. (assigned by OCD on New Wells)

30-025-31305

6. Indicate Type of Lease

STATE

☒ FEE ☐

6. State Oil & Gas Lease No.

N/A

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK**

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL

WELL ☐

GAS

WELL ☐

OTHER

INJECTOR ☐

SINGLE

ZONE ☒

MULTIPLE

ZONE ☐

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

139

3. Address of Operator

P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD /GB

4. Well Location

Unit Letter O : 660 Feet From The SOUTH Line and 1805 Feet From The EAST Line

Section 35 Township 21S Range 36E NMPM LEA County

10. Proposed depth

4500'

11. Formation

GRAYBURG

12. Rotary or C.T.

ROTARY

13. Elevation (Show DF,RT, GR, etc.)

3570 GE

14. Kind & Status Plug Bond

BLANKET

15. Drig Contractor

UNKNOWN

16. Date Work will start

7-1-92

**17 PROPOSED CASING AND CEMENT PROGRAM**

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	23	1350'	800	SURFACE
7 7/8"	5 1/2"	15.5	4500'	900	SURFACE

CHEVRON REQUEST PERMISSION TO EXTEND THIS PERMIT FOR ANOTHER SIX MONTHS.  
THE CURRENT PERMIT WILL EXPIRE ON 6-21-92.

IN ABOVE SPACE DESCRIBE PROPOSED PROG 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 P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 6-10-92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 6-10-92

CONDITIONS OF APPROVAL, IF ANY:

*Expires 12-21-92*