

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

API NO. (assigned by OCD on New Wells)

30-025-31408

5. Indicate Type of Lease

STATE

☒ FEE

6. State Oil & Gas Lease No.

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 ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

624

3. Address of Operator

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

9. Pool name or Wildcat

EUNICE MONUMENT/GB-SA

4. Well Location

Unit Letter R : 1410 Feet From The EAST Line and 2580 Feet From The SOUTH Line
Section 5 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.)

3952.5

14. Kind & Status Plug Bond

BLANKET

15. Drig Contractor

UNKNOWN

16. Date Work will start

ASAP

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'	900	CIRC.
7 7/8"	5 1/2"	15.5#	4500'	900	CIRC.

MUD PROGRAM: 0'-1350' FRESH WATER SPUD MUD 9.0 PPG.

1350'-4500' BRINE WATER/STARCH 10.0 PPG.

BOPE EQUIPMENT: 2000 PSI WORKING PRESSURE

SEE ATTACHED CHEVRON CLASS II DRAWING.

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 10-02-91

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

APPROVED BY JOE L. SUPERVISOR TITLE JOE L. SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY:

NAL-3074

Permit Expires 6 Months From Approval
State of New Mexico