

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 1880, 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)

30-025-51425

5. Indicate Type of Lease

STATE

☒ FEE☐

6. State Oil &amp; 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.

625

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 T : 10 Feet From The WEST Line and 2630 Feet From The SOUTH Line  
Section 4 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.)

3583.8 GE

14. Kind &amp; 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 10-02-91TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

n&amp;L-3074