

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)	
30-025-21433	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
8. Well No. 125	
9. Pool name or Wildcat ARROWHEAD GRAYBURG	
10. Proposed depth 4500	
11. Formation GRAYBURG	
12. Rotary or C.T. ROTARY	
13. Elevation (Show DF, RT, GR, etc.) 3549 GE	
14. Kind & Status Plug Bond BLANKET	
15. Orig Contractor ROD-RIC	
16. Date Work will start 6-1-92	

<b>APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK</b>					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>					
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WELL <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator CHEVRON U.S.A. INC.					
3. Address of Operator P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEW					
4. Well Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>EAST</u> Line an <u>2075</u> Feet From The <u>NORTH</u> Line Section <u>35</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County					
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 U.S. A. REQUEST PERMISSION TO EXTEND THIS PERMIT ANOTHER SIX MONTHS.

IN ABOVE SPACE DESCRIBE PROPOSE 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 5-8-92

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

APPROVED BY DATE TITLE DATE MAY 11 '92  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
MAY 11 1992  
JCD HOBBS OFFICE