## Submit to Appropriate

## State of New Mexico

Form C-101

District Office

Energy, Minerals and Natural Resources Department

Revised 1-1-89

State Lease-6 copies
Fee Lease-6 copies

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088								
P.O. Box 1980, Hobbs, NM 88240					API NO. (assigned by OCD on New Wells)			
DISTRICT II					30-025-31749			
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III					5. Indicate Type of Lease STATE FEE X			
1000 Rio Brazos Rd., Aztec, Nm 87410					6. State Oil & Gas Lease No. N/A			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK								
1 a. Type of Work:  DRILL X RE-ENTER DEEPEN PLUG BACK					7. Leuse Name or Unit Agreement Name GRAHAM ORCUTT GAS COM.			
b. Type of Well:  OIL GAS OTHER SINGLE MULTIPLE								
WELL ZONE ZONE ZONE								
2. Name of Operator					8. Well No.			
CHEVRON U.S.A. INC.  3. Address of Operator ROOM 3104					9. Pool name or Wildcat			
P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS   EUMONT								
Unit Letter	L : 3560'	Feet From The NOR	ТН	Line an	660'	Feet From The	WEST Line	
Section	5	Township 21 S	i	Range	36E	NMPM	LEA County	
		10. Propo	sed depth		11. Formation	1	2. Rotary or C.T.	
			4500		Y/Q/SR		ROTARY	
13. Elevation (Show DF,	RT, GR, etc.)	14. Kind & Status Plug Bon	d	15. Dri	g Contractor	16. Date Work w	ill start	
					KNOWN		11-1-92	
17 PROPOSED CASING AND CEMENT PROGRAM								
<del></del>	1		T				EST. TOP	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPT	н	SACKS OF CEMEN	"	SURFACE	
12 1/4"	8 5/8"	23	1350'		800			
7 7/8"	5 1/2"	15.5	4500'		900		SURFACE	
MUD PROGRAM: 0-1350' FRESH WATER SPUD MUD, 9.0 PPG.  1350'-4500' BRINE WATER AND STARCH SYSTEM, 10.0 PPG.  BOPE EQUIPMENT: 2000 PSI WORKING PRESSURE, SEE ATTACHED  CHEVRON U.S.A. CLASS II DRAWING.								
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 Y, K. Walling TITLE TECHNICAL ASSISTANT DATE 10-5-92								
TYPE OR PRINT NAME	P.R. MATTI	HEWS				TELEPHONE NO.	(915)687-7812	
DECEMBER OF SESSION OF SESSION SECTION							OCT 0 R %	
APPROVED BY STATE CONDITIONS OF APPROVAL, IF ANY:						_DATE _		