Submit to Appropriate

## State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-101

Revised 1-1-89

State Lease-6 copies
Fee Lease-5 copies

District Office

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

| DISTRICT I Santa Fe, New Mexico 87504-2088  |                      |                          |   |               |   |                       |                                   |  |
|---|----------------------|--------------------------|---|---------------|---|-----------------------|-----------------------------------|--|
| P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u>   |                      |                          |   |               | API NO. (sessigned by OCD on New Wells) 30-025-32(6:1 |                       |                                   |  |
| P.O. Drawer Dd. Astonio Alfa P.O.1.0  |                      |                          |   |               | 5. Indicate Type of Lease                             |                       |                                   |  |
| 1000 Rio Brazos Rd., Aztec, Nm 87410  |                      |                          |   |               | 0.000   |                       | X FEE                             |  |
|   |                      |                          |   |               | 6. State Oil & Gas Lease No.<br>N/A                   |                       |                                   |  |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK  1a. Type of Work:  7.  |                      |                          |   |               |   | Unit Agreement N      | James                             |  |
| DRILL X RE-ENTER DEEPEN PLUG BACK F. Type of Well:  |                      |                          |   |               | ARNOTT RA   | ARNOTT RAMSAY (NCT-C) |                                   |  |
| OIL GAS OTHER SINGLE MULTIPLE WELL ZONE ZONE  |                      |                          |   |               |   |                       |                                   |  |
| 2. Name of Operator CHEVRON U.S.A. INC.   |                      |                          |   |               | 8. Well No.   | ****                  |                                   |  |
| 3. Address of Operator  |                      |                          |   |               |   | 16                    |                                   |  |
| P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS  |                      |                          |   |               |   | Pool name or Wildcat  |                                   |  |
| 4. Well Location  |                      |                          |   |               |   |                       |                                   |  |
| Unit Letter H: 1780 Feet From The NORTH Line an   |                      |                          |   |               |   | Feet From The         | EAST Line                         |  |
| Section   | 21<br>               | Township 21              | S                                       | Range         | 36 E  | NMPM                  | LEA County                        |  |
|   |                      | 10 80                    | posed depth                             |               |   |                       |                                   |  |
|   |                      | 10. Fit                  | 4500                                    | ,             | 11. Formation<br>Y/Q/SR                               |                       | 12. Rotary or C.T.                |  |
| 13. Elevation (Show DF  | F,RT, GR, etc.)      | 14. Kind & Status Plug B |   | $\overline{}$ | g Contractor  | 140 5                 | ROTARY                            |  |
| 3606.3' GL  |                      |                          |   | 1 .           | CONTRACTOR 18. Date Work will start  KNOWN ASAP       |                       |                                   |  |
| 17 PROPOSED CASING AND CEMENT PROGRAM   |                      |                          |   |               |   |                       |                                   |  |
| SIZE OF HOLE  | SIZE OF CASING       | WEIGHT PER FOOT          | SETTING DEPT                            |               | SACKS OF CEMEN  |                       |                                   |  |
| 12 1/4"   | 8 5/8"               | 23                       | 1350'                                   |               | 800   |                       | SURFACE                           |  |
| 7 7/8"  | 5 1/2"               | 15.5                     | 4500'                                   |               | 900   |                       | SURFACE                           |  |
|   |                      |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               | 300   |                       | JOHFACE                           |  |
|   |                      |                          |   |               |   |                       |                                   |  |
|   |                      | <u> </u>                 |   |               | <u> </u>  |                       |                                   |  |
| 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. |                      |                          |   |               |   |                       |                                   |  |
| IN ABOVE SPACE DESCRIBE PROPOSED. IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUTIVE 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 TITLE TECHNICAL ASSISTANT   |                      |                          |   |               |   | DATE                  | 7/30/93                           |  |
| TYPE OR PRINT NAME  | P.R. MATTH           | EWS                      |   |               |   | TELEPHONE NO.         | (915)687-7812                     |  |
| Orig. Signed by  APPROVED BY Paul Kautz TITLE   |                      |                          |   |               |   | DATE A                | 110 0 0 4000                      |  |
| CONDITIONS OF APPROV  | AL, IF ANY Geologist |                          | o,                                      | tom il        |   | A                     | <del>йр. <b>0 г. 1993</b> -</del> |  |