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) 30-025-32440
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. N/A

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK

1a. Type of Work: DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]
b. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]
7. Lease Name or Unit Agreement Name: ARNOTT RAMSAY (NCT-C)

2. Name of Operator: CHEVRON U.S.A. INC.
8. Well No.: 17

3. Address of Operator: P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS
9. Pool name or Wildcat: EUMONT GAS

4. Well Location
Unit Letter L : 1830' Feet From The SOUTH Line and 600' Feet From The WEST Line
Section 21 Township 21 SOUTH Range 36 EAST NMPM LEA County

10. Proposed depth	11. Formation	12. Rotary or C.T.
4,000'	SR/QN/PENROSE	ROTARY

13. Elevation (Show DF,RT, GR, etc.)	14. Kind & Status Plug Bond	15. Drlg Contractor	16. Date Work will start
3592 GL	BLANKET	V&B	03/2/94

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" K-55	24	1350'	800	SURFACE
7 7/8"	5 1/2" K-55	15.5	4000'	900	SURFACE

MUD PROGRAM:

SURFACE-1350'
FRESH WATER SPUD MUD, 9.0 PPG.
1350'- TD
BRINE WATER & STARCH 10 PPG.

OPER. OGRID NO. 004323
PROPERTY NO. 002568
POOL CODE 76480
EFF. DATE 3-3-94
API NO. 30-025-32440

BOPE: 2000 PSI WORKING PRESSURE. SEE ATTACHED CHEVRON CLASS II DRAWING.

Approval for drilling ONLY - CANNOT produce until Non-Standard Location is approved.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: 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 P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 2-28-94

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

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DISTRICT 1 SUPERVISOR DATE MAR 03 1994

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.