Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-09306

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-229

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

b. Type of Well: DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: J.F. JANDA (NCT-H)

2. Name of Operator: CHEVRON USA INC.

8. Well No. 2

3. Address of Operator: P.O. Box 1150 Midland TX 79702 ATTN: ED DOHERTY 4111

9. Pool name or Wildcat: JALMAT GAS

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The EAST Line

Section 11 Township 23S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3700	Y-SR	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
	BLANKET		

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
NO CHANGE IN Csg.					

SET CIBP @ +-3490' spot 35' cmt on top. Perf JALMAT GAS ZONE f/3007-3266' w/1 JHPF total of 14 holes ACD2 perf. w/15% NEFE frac well w 59,500 gal 50/50 x-l gel CO2 + 108,000 20/40 sd. swab + flow well back turn over to production.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: 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 E.O. Doherty TITLE T.A. Dslg. DATE 2/6/91

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: