

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)

30-025-10351

5. Indicate Type of Lease

STATE

☐ FEE

☒ X

6. State Oil & Gas Lease No.

N/A

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☒

PLUG BACK ☐

b. Type of Well:

OIL

GAS

OTHER

SINGLE

MULTIPLE

WELL ☒

WELL ☐

ZONE ☒

ZONE ☐

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

216

3. Address of Operator

P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD GRAYBURG

4. Well Location

Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 18 Township 22S Range 37E NMPM LEA County

10. Proposed depth

4500'

11. Formation

GRAYBURG

12. Rotary or C.T.

ROTARY

13. Elevation (Show DF, RT, GR, etc.)

3411 GE

14. Kind & Status Plug Bond

BLANKET

15. Drig Contractor

UNKNOWN

16. Date Work will start

8-1-92

17 EXISTING CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| UNKNOWN | 8 5/8" | 24 | 414 | 325 | SURFACE |
| UNKNOWN | 5 1/2" | 14 | 3700' | 1600 | 945' TS |
| | | | | | |
| | | | | | |

IT IS PROPOSED TO:

DEEPEN WELL TO BASE OF ZONE #5.

LOG, PERF AND ACIDIZE.

WELL FORMER NAME A.L. CHRISTMAS (NCT-C) #8

IN ABOVE SPACE DESCRIBE PROPOSED PROG 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 6-26-92

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

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

JUL 01 '92

mp