Submit to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

DATE

Revised 1-1-89

District Office
State Lease-6 copies
Fee Lease-6 copies

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088									
P.O. Box 1980, Hobbs, NM 88240						API NO. (sesigned by OCD on New Wells)			
DISTRICT II						30-025-10359			
P.O. Drawer Dd, Artesia, NM 88210						6. Indicate Type of Lease			
DISTRICT III							STATE	FEE X	
1000 Rio Brazos Rd., Aztec, Nm 87410						6. State Oil & Gas Lesse No. N/A			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PLUG BACK									
1a. Type of Work: DRILL RE-ENTER DEEPEN X PLUG BACK						7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT			
b. Type of Well:	o. Type of Well: OIL GAS OTHER SINGLE MULTIPLE								
WELL X	WELL	ZONE ZONE							
2. Name of Operator						8. Well No. 245			
CHEVRON U.S.A. INC. 3. Address of Operator						9. Pool name or Wildcat			
P.O. BOX 1150, MIDLAND, TX 79702 ATTN: P.R. MATTHEWS						ARROWHEAD GRAYBURG			
4. Well Location									
Unit Letter	<u>B</u> :	660 Feet From The	NORTH	<u> </u>	Line and	1980	Feet From The	EAST Line	
Section	19	Township	22\$	1	Range	37E	NMPM	LEA county	
			10. Proposed	-		11. Formation		12. Rotary or C.T.	
				4500		GRAYBURG		ROTARY	
13. Elevation (Show DF,RT	14. Kind & Statur	14. Kind & Status Plug Bond 1			Contractor	16. Date Work w	vill start		
3411 (BLANKET UI			KNOWN		8-30-92		
17 EXISTING CASING AND CEMENT PROGRAM									
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FO	WEIGHT PER FOOT SETTING DEPT			SACKS OF CEMENT EST. TOP			
UNKNOWN	10 3/4"	40		480'		200		UNKNOWN	
UNKNOWN	5 1/2"	14		3714'		UNKNOWN		UNKNOWN	
IT IS PROPOSED TO: DRILL OUT CICR AND CEMENT. DEEPEN TO BASE OF ZONE #4, 110'. LOG, PERFORATE AND ACIDIZE. WELL FORMER NAME: NEW MEXICO M. STATE #6 IN ABOVE SPACE DESCRIBE PROPOSED PROG 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 6-26-92									
	D.D. 144	ATTHEMS					TEI EDHONE NO	(915)687-7812	
TYPE OR PRINT NAME	P.R. M/	ATTHEWS					TELEPHONE NO.		
		,						JUL 0 1'92	