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)
30-025-24828

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name
H.T. MATTERN (NCT-D)

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No. #9

3. Address of Operator
P.O. Box 1150 Midland TX 79702

9. Pool name or Wildcat
BLINEBRY Oil & GAS

4. Well Location
Unit Letter D : 810 Feet From The North Line and 660 Feet From The WEST Line

Section 6 Township 22S Range 37E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
5688	BLINEBRY Oil & GAS	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3467' GL	BLANKET	UNKNOWN	UPON APPROVAL

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	28	1186'	585	SURF
7 7/8	5 1/2	14, 15, 17	6800'	725	2360' TOC

It's PROPOSED to:

SET RBP @ 6000' ± to T.A. ORINKARD & TUBB
PERF BLINEBRY @ 5481-5688' W/1 JHPF 18 HOLES TOTAL.
ACD'2 PERFS W/4000 GALS 15% NEFE HCL.
FRAC PERFS 5481-5688'
FLOW BACK & RETURN 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 M. E. Akin TITLE Dstg. Supt. DATE 9/11/90

TYPE OR PRINT NAME M.E. AKIN TELEPHONE NO. 915-687-7679

(This space for State Use)

APPROVED BY JERRY SEXTON SUPERVISOR TITLE DISTRICT I SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY: