

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

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

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

API NO. (assigned by OCD on New Wells)
30-025-25530
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>			7. Lease Name or Unit Agreement Name AL Christmas NCT-C		
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Well No. 10		
2. Name of Operator CHEVRON USA INC			9. Pool name or Wildcat PENROSE Eumonty-SPQW		
3. Address of Operator P.O. Box 1150 Midland TX 79702 Attn Rm 4115A					
4. Well Location Unit Letter F : 1950 Feet From The North Line and 1845 Feet From The West Line Section 18 Township 22S Range 37E NMPM LEA County					
10. Proposed Depth 6710		11. Formation PENROSE		12. Rotary or C.T.	
13. Elevations (Show whether DF, RT, GR, etc.) 3423 GR		14. Kind & Status Plug. Bond		15. Drilling Contractor	
16. Approx. Date Work will start 1/20/91					
17. Existing PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	8 5/8		1118	550	surf
	5 1/2	15.50	6710	2077	surf

miru set CIBP @ $\pm 3460^{3640}$ tst. csq to 500 psi. Dump 35' cm on top. Perf w 4" guns f/3409-3567'. Total 20 holes. Acc'd w/3000 gals 15% NEFE. T/H set pkr @ $\pm 3350'$ frac w/63000 gals 50x50 x1-ge. CO2 & 122500# 12/20 SD 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 E.O. Doherty TITLE T.A. Delg DATE 6/14/91
TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 27 1991

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well AM No. 30-025-25530
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	EFFECTIVE DATE - 1-1-90
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.L. Christmas (NCT.C)	Well No. 10	Pool Name, including Formation Drinkard Oil & Gas	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter F : 1950 Feet From The North Line and 1845 Feet From The West Line Section 18 Township 22S Range 37E , NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 18 Twp. 22 Rge. 37	Is gas actually connected? yes When? 6-23-77

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
C. L. Morrill NM Area Prod. Supt.
Printed Name
12-22-89 Title
(505) 393-4121
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 08 1990**

By **Paul Kantz**
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.