

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

Form C-101
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address. CHEVRON U.S.A INC. ATTN: WENDI KINGSTON P. O. BOX 1150 MIDLAND, TX 79702		ORGRID Number 4323
		API Number 26212 30-025- 26124
Property Code 2607	Property Name EAVES	Well No. 7

7 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North / South line	Feet from the	East / West line	County
H	10	22S	37E		2310	N	500	EAST	LEA

8 Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North / South line	Feet from the	East / West line	County
Proposed Pool 1 WANTZ:ABO					Proposed Pool 2				

Work Type Code P	Well Type Code G	Cable / Rotary	Lease Type Code S P	Ground Level Elevation
Multiple	Proposed Depth 7010'PB	Formations ABO	Contractor	Spud Date

Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight / foot	Setting Depth	Sacks of Cement	Estimated TOC
NO NEW CASING WILL BE SET					

Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if neccessary.

WE PROPOSE TO:

MIRU PU. KILL WELL W/2% KCL. ND WH, NU BOP. POH W/PKR & TBG. SET CIBP @7010'.
DUMP 20-30' CMT ON CIBP. PERF F/6614'-6940'. ACDZ W/20,000 GALS 15%. RIH W/TBG.
TURN WELL OVER TO PRODUCTION.

Permit Expires 6 Months From Approval
Date Unless ~~Drilling~~ Underway.
Plug back

I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Wendi Kingston</i> Print name: WENDI KINGSTON Title: Technical Assistant Date: 8/10/95		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY JERRY SEXTON Title: DISTRICT SUPERVISOR Approval Date: SEP 26 1995 Expiration Date: Conditions of Approval: Attached <input type="checkbox"/>	
Phone: 915-687-7826			

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
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

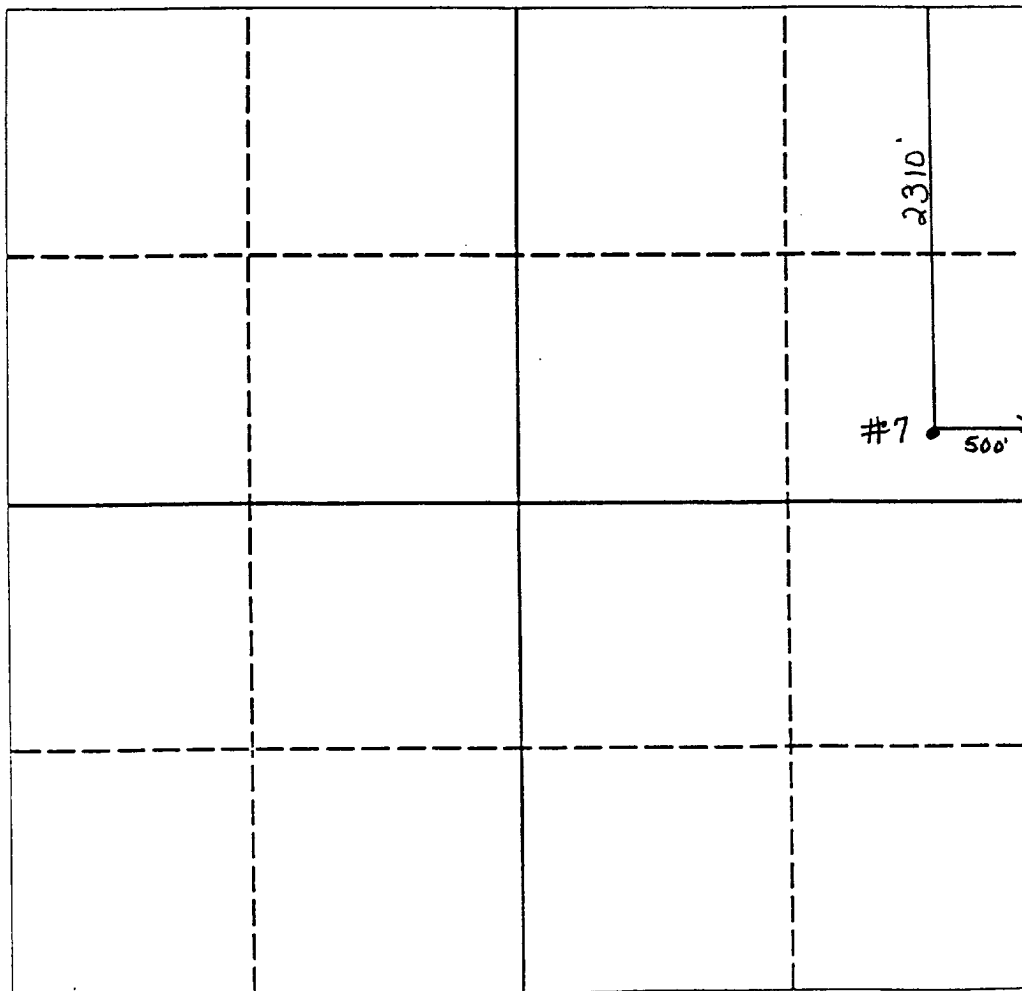
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Chevron U.S.A. Inc			Lease Eaves		Well No. 7
Unit Letter H	Section 10	Township 22S	Range 37E	County Lea	NMPM
Actual Footage Location of Well: 2310 feet from the North line and 500 feet from the East line					
Ground level Elev.	Producing Formation		Pool Wantz; Abo		Dedicated Acreage: Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *Wendi Kingston*
Printed Name **Wendi Kingston**
Position **T. A.**
Company **Chevron U.S.A. Inc.**
Date **8/10/95**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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