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) 30-025-31124

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: A.L. Christmas "A"

2. Name of Operator: Chevron USA Inc.

8. Well No. 10

3. Address of Operator: P.O. Box 1150 Midland TX 79702 Attn: Ed Doherty, Rm 4111

9. Pool name or Wildcat ~~Tey-SR~~ Jal Mat A Gas

4. Well Location
Unit Letter J : 1780 Feet From The South Line and 1780 Feet From The East Line

Section 27 Township 22S Range 36E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3800	Yates 7 Rivers	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3509.4 GR	Blanket	Unknown	1/15/90

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	23	1200	700 sx	Circ.
7 7/8	5 1/2	15.50	3800	400 sx	Circ.

Mud program 0-1200' FW spud mud 9.0# ppg.
1200-3800' BW Air-mist 10# ppg.

BOPE Equipment 3000 psi WP see attached Chevron Class III BOP Drawing.

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. Dstg. DATE 1/2/91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE JAN 14 '91

CONDITIONS OF APPROVAL, IF ANY:

See Instructions On Reverse Side