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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised [-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM \$2210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u> </u>	TO TRA	<u>ANSF</u>	ORT OIL	AND N	ATURAL G	AS				
pentor Chevron U.S.A. Inc.							Well 7	API No. -025-049	28		
ddress	. –				<u>-</u>		30-	-023-049			
P.O. Box 1150, Midla	nd, Texa	s 797	702	··· - ·							
lezson(s) for Filing (Check proper box)		Change is	a Traess	oorter of:	図 O	ther (Please expl ve Date:	ain) 6/1/9/	,			
lecompletion 🔲	Oil		•	las 🗆	Old Wel	1 Name : H	arry Le	onard (N	CT-C)_#1	we1 1	
hange in Operator X	Casinghea	d Gas	Conde			o show un				name	
change of operator give name ad address of previous operator	- -	 .		· · · · · · · · · · · · · · · · · · ·							
L DESCRIPTION OF WELL	AND LEA	ASE						•		•	
esse Name Arrowhead Grayburg Un	1.	Well No.						of Lease Foderal or Fo		Lease No.	
ocuios		142	A	rrowhead	Graybo	ırg		XXXXXXX			
Unit Letter N	. 660		. Feet F	rom The Sc	uth_L	ne and <u>1980</u>		et From The .	West	Line	
Section 36 Townsh	21-5	5	Dance	36-E	•	MPM, L	ea			Country	
260808 3 10MBBI			Range		1	MPM,			· · · · · · · · · · · · · · · · · · ·	County	
II. DESIGNATION OF TRAN				ND NATU				2002			
lams of Authorized Transporter of Oil Shell Pipeline						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casis	ns of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Co.	4 a							Oklahoma 74102			
f well produces oil or liquids, ive location of tanks.	Uait N	Sec. 36	21-	-s 36 - E		lly connected? es	When	Unk			
this production is commingled with that	from any oth	er lesse or	pool, g	ive comming!	ing order mu	nber:					
V. COMPLETION DATA		7===:=		G., W. I	New Well	Workover	Doepes	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oll Well	'	Gas Well	Lien Mei	WOIKOVET	Doches	l Link Dick	Saline Res V	jan kerv	
Date Spudded	Date Comp	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
ELEVITORS (Dr., RAB, R1, GR, SE.)											
erforations								Depth Casis	ng Shoe		
	T	UBING,	CAS	ING AND	CEMENT	ING RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								 			
	 							<u> </u>			
	505	11 80	1611					<u> </u>			
. TEST DATA AND REQUE IL WELL (Test must be after	ST FOR A	LLLUW	ABLE	i. I oil and must	be equal to	or exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Rus To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
						Casing Pressure Choke Size					
Length of Test	Imping Pre	Tubing Pressure			Cities Licente						
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.			Water - Bbis.			Gas- MCF			
<u></u>					<u></u>			<u> </u>			
GAS WELL	-11	Total .			IBMs Cond	estate/MMCF		Gravity of C	Condentate		
Actual Prod. Test - MCF/D	Length of Test							•			
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
·	_l							<u> </u>			
I. OPERATOR CERTIFIC				NCE	ll	OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulation have been compiled with and	that the lafor	medos giv	ies spoi	re.		OIL CON		MAY 3	1 1991		
is true and complete to the best of my	knowledge si	nd belief.			11	e Approve					
D.M. bohen						U LI Tr	a. Signed	b y			
Signature	t	1 4 - 4			By.		aul Kaut Geologist	4			
Printed Name.	echnica		Title		Title	•					
.2/48/9/ Date	(915) 6		ephone	No.	1						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number transporter or other such changes

RECEIVED

MAY 29 1991

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