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DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 1 gy, Minerals and Natural Resources Departmen

DISTRICT B P.O. Drawer DD, Astesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berzos Rd., Aziec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Derator]	TO TRA	NSPORT O	I <mark>L AND NATURAL</mark> GA			
Chevron U.S.A.,	Inc.					APINO. 0.025-2	5624
Address							
P. O. Box 670, Resson(s) for Piling (Check proper box)	lobbs,	New Me	xico 882	40 Other (Please explai	2.		······································
New Well		Change in	Transporter of:	Orme fuscass exhiat	y .		
Recompletion	OII	_	Dry Cas 🔲	EFFECTIVE 1	DATE -	1-1-90	
Change in Operator	Contaghese	10m U	Condensate		ر التوجي سعيد	و به دیست	
and address of previous operator			· · · · · · · · · · · · · · · · · · ·				
IL DESCRIPTION OF WELL Lease Name	AND LEA						
A. L. Christmas CN	etec)	Well No.	Pool Name, lactu	Y		of Lease Federal ox/Fee	Lease No.
Location	<u> </u>		Wrinka.	d Dil \$ 1503			
Unit Letter	_ ::	<u>'55</u>	Feet Prom The 🗸	North lise and 7/	<u> </u>	et From The	Vest um
Section /8 Township	22.	<u>s</u>	Range 3	TE , NMPM,	Le	<u></u>	County
III. DESIGNATION OF TRAN				JRAL GAS			
Name of Authorized Transporter of CE Pride Pipeline Com		or Condens	" □	Address (Give address to which P. O. Box 2436,	Ab 11 a	copy of this form i	s to be sent) 79604
Name of Authorized Transporter of Casing Warren Fet		×	or Dry Gas	Address (Give address to which			
If well produces oil or liquids, give location of tanks.	Unit	Sec.		. Is gas actually connected?	Whea	1 0-10	0.7
If this production is commingled with that	from any othe		22137	eline order audien		9-19-	
IV. COMPLETION DATA				ping order analyses.			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workover	Deepea	Plug Back Sam	e Res'v Diff Res'v
Date Spudded	Date Compl	l. Ready to	Prod.	Total Depth		P.B.T.D.	L
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	matice	Top Oil/Gas Pay		Tubing Depth	
Perforations	<u> </u>		····			Depth Casing Sho	
		·			•	Deput Casing Six	•
HOLE SIZE	T	UBING,	CASING AND	CEMENTING RECORD)	· · · · · · · · · · · · · · · · · · ·	
TRACE SIZE	LAS	ING & TUI	BING SIZE	DEPTH SET		SACH	S CEMENT
					· ·		
	 		· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES				<u> </u>		<u> </u>	J
OIL WELL (Test must be after re Date First New Oil Rue To Teek	covery of tole	al volume o	load oil and mus	t be equal to or exceed top allow	arble for thi	depth or be for fu	l 24 hours.)
Sen ing ten On Wat 10 1	Date of Test			Producing Method (Flow, pum	yr, gas lift, d	tc.)	
Length of Test	Tubing Pres	SII0		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		· 	Water - Bbls.		Gas- MCF	
GAS WELL	<u> </u>				·		
Actual Prod. Test - MCF/D	Leagth of To	eal		Bbls. Condensate/MMCF	·	Gravity of Coade	neale
Testing Method (pitot, back pr.)	Tubing Pres	aure (Shut-i	n)	Casing Pressure (Shut-in)	·——	Choke Size	
VI OPERATOR CERTIFIC	ATT 0=	001 ==	7.4.5.	<u> </u>			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and it	tions of the C	DE Conserva	dian	OIL CONS	SERV	ATION DIV	ISION
is three and combiese to goe peet of my p	nowledge and	belief.	1	Date Approved		1AN 0.8	1990
Demanin						VF111 V-V-	
Signature C. L. Morrill		a Prod	. Supt.	By	Orig.	Signed by	
Printed Name 12-22-89		1	itie	Title	Pau	l Kautz ologist	
Dess	(5)	05) 393	-4121		40	_{(** (*) (*)}	

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) Pill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Porm C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	0 M	1	Т
SANTA PE		1	
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U.B.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	DAS		
OPERATOR			
PRORATION OF	KE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

PROBATION OFFICE	AND	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator		
CHEVRON U.S.A. INC.	<u> </u>	
Address		

CHEVRON U.S.A. INC.		ination.
P. O. Box 670, Hobbs, NM 88240	146	केंग्स स्त
Reason(s) for filing (Check proper box)	Other (Please explain)	
	Name Change Effective 7-1-85	And the second
If change of ownership give name Gulf Oil Corp., P. O. Bo	ox 670, Hobbs, NM 88240	***
II. DESCRIPTION OF WELL AND LEASE		
A.L. Christmas WCT-C) 12 Drinkard	State, Federal or Fee FCC ;:	ease No.
Location Unit Letter E : 1855 Feet From The North Line	and 710 Feet From The 11 Jest	76.37
Line of Section 18 Township 225 Range	378 . NMPM, Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL O		
fietty Trading & Transportation Co.	Box 1142 Midland TX 747	101
Warren Petroleum	Box 1589, Tulsa OK 74/00	
If well produces oil or liquide, Unit Sec. Twp. Rge.	Is gas actually connected? When O_IQ 77	• · · · · · · · · · · · · · · · · · · ·

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

$\mathcal{Q}.\mathcal{Q}$	Pite	
	(Signature)	
Area	Engineer	

211		 	
	(Title)		
	5-31-85		
	(Data)		

OIL	CONSERVATION	DIVISION

	20110111014 014101014	
APPROVED	AUG 1 4 1985.	•
		_
(/ 21	812 1/24	_
YY	201 /// /000	

TLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

JUL 3 0 1985

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA PE, NEW MEXICO 87501

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DISTRIBUTE	3 M	
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v 1.u.1.		
LAND DEFICE		
TRANSPORTER	OIL	
, CATEN	OAS	
OPPRATOR		
PROBATION OFF	IC E	}

,	THE USUS. LAND OFFICE THANSPORTER OIL OFFIATOR PROPATION OFFICE	REQUEST FO	AND		IRAL GAS				
1.	Gulf Oil Corporation								
	P. O. Box 670, Hobbs,	NM 88240							
	Reason(s) for filing (Check proper bo			Other (Please	e explain)				
	Recompletion Change in Ownership	OII X Dry C	ensate		in Name	of Transporter 1-1-83			
	If change of ownership give name and address of previous owner								
П.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including	Formation		Kind of Leas	· · · · · · · · · · · · · · · · · · ·	Legae I		
	A. L. Christmas (NCT-C)				State, Federa				
	Unit Letter E : 185	55 Feet From The North L	ine and	710	Feet From	The West			
	Line of Section 18 To	ownship 225 Range	37E	, NMFIM	Lea	1	Coun		
H.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		Give address	to which appro	ved copy of this form is 1	io be senij		
	Getty Trading & Transporter of Co Warren Petroleum Corp	singhead Gas (or Dry Gas)	Box	Cive address 1589, Tul	sa, OK	79701 ved copy of this form is i 74100	io be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ls gas ac	tually connecte Yes	ed? Wh	en 9-19-77			
	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool	, give comm	ningling order	r number:				
	Designate Type of Completi	on - (X) Gas well	New Well	l Morkover	Deepen 1	Plug Back Same Res	itv. Diff. Re		
	Date Spudded	Date Compl. Ready to Prod.	Total De	oth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/	Gas Pay	` (Tubing Depth			
	Perforations		<u></u>		<u> </u>	Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENT						
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SE		SACKS CEN	IENT		
			<u> </u>						
	TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tonks	OR ALLOWABLE (Test must be a able for this d	epth or be fo	r full 24 hours		and must be equal to or e	exceed top a		
	Length of Test	Tubing Pressure	Casing Pr	******	 	Choke Size			
	Actual Prod. During Test	Oil - Bbls.	Water - Bb	la.		Gae - MCF			
l	Actual Plot. During 1000								
ſ	GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbla. Con	denegte/A94CF		Gravity of Condensate			
}	lesting Method (pito), back pr.)	Tubing Presewe (Shut-1m)	Casing Pr	essure (Shut-	·in)	Choke Size			
ا. ن	CERTIFICATE OF COMPLIANC	CE			ONSERVAT	ION DIVISION			
1	Division have been complled with	egulations of the Oil Conservation and that the information given best of my knowledge and belief.	BY	ORIG	NAL SIGNI DIE W. S	D BY	19		
	•	\bigcap	TITLE	OIL di	GAS IN	ISPECTOR			
•	Land a aw	want	ll ,, .	his is a recor	est for allow	ompliance with BULE able for a newly drille	d or deeps		
-	(Signa	•	well, th	te form must ken on the w	he accompan well in accom	iled by a tabulation of Janca with RULE 111	the devi-		
-	Area Engine		ll All	sections of	this form mus	t be filled out comple	tely for al		
	1-26-83			t and eath &	ections 1 H	III, and VI for chan	we le sey		
		,	Sep	arate Forms	C-104 must	be filed for each po	ol in mult		

RECEIVED

JAN 27 1983

O.C.D. HOBBS OFFICE

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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

DISTRIBUTION P. O. BOX 2088 SANTA FE NEW MEXICO 27501		Form C-103 Revised 10-1-78
SANTA FE, NEW MEXICO 87501	Sa. Indicate Tyr	of I wise
U.S.G.5.	State	Fee X
LAND OFFICE OPENATOR	5. State Oil & G	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DIVIL. ON TO DEFPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		
1. OIL X GAS OTHER-	7. Unit Agreeme	nt Name
2. Name of Operator	8. Farm or Leas	e liame
Gulf Oil Corporation		istmas (NCT-C)
3. Address of Operator	9. Well No.	
P. O. Box 670, Hobbs, NM 88240	10, Field and P	
	1	
UNIT LETTER E . 1855 FEET FROM THE NORTH LINE AND 710 FEET FROM	Prinkard	
THE West LINE, SECTION 18 TOWNSHIP 22S MANGE 37E NMPM.		
	<i>VIIIIII</i>	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
3432 GL	Lea	<u> </u>
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	ier Data	
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF	:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON COMMENCE ORILLING OPNS.		AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB		
OTHER Equip to Pump	····	<u>.</u>
OTHER		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of	starting any proposed
work) SEE RULE 1103.	,	· ·
POH with packer and tubing. GIH with MA, SN and tubing. Ran new		ods.
Spaced out rods, hung well on. Complete after equipping to pump	11-1-81.	
		•
·		
·		
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
$Q \cap Q : \mathcal{A}$		11 / 01
SIGHED K. D. Pute Area Engineer	DATE	11-4-81
The Samuel State of the Sa		
A Solve to	.**	
APPROVED BY	DATE	

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

ENGT ENGINEER D		
MB. OF COMICO PECCIVED	Ĺ	
DISTRIBUTION		
SANTA PE		
FILE		L
U.S.G.S.		
LAND OFFICE		
OPERATOR		

GIL CONSERVATION DIVISION

Form (-103

DISTRIBUTION P. O. BOX 2088	Form C-103 Revised 10-1-78		
SANTA FE, NEW MEXICO 87501			
	5a. Indicate Type of Lease		
U.S.G.S.	State Fee X		
OPERATOR	5. State Oil 6 Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			
SUNDRY NOTICES AND REPORTS ON WELLS [DO NOT USE THIS FORM FOR PROPOSALS TO CRILL ON TO GETPEN OR PLUG BAIN TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" FICEM C-101) FOR BUCH PROPOSALS.)			
1.	7. Unit Agreement Name		
CIL X GAS WELL OTHER-	8. Farm or Lease Hame		
2. Name of Operator	A.L. Christmas (NCT-C)		
GULF OIL CORPORATION	9, Well No.		
3. Address of Operator	12		
P.O. Box 670, Hobbs, NM 88240	10. Field and Pool, or Wildcat		
4. Location of Well	Drinkard		
UNIT LETTER E 1855 FEET FROM THE NORTH LINE AND 710 FEET FROM	Dilligia		
270			
THE West LINE, SECTION 18 TOWNSHIP 22S MANGE 37E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)	12. County		
* * * * * * * * * * * * * * * * * * * 	Lea		
3432 GL			
Check Appropriate Box To Indicate Nature of Notice, Report or Oth			
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQ8 OTHER Frac Drinkard Zi	one X		
OTHER FIRE DITIERAL Z	one P		
OTHER			
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed		
work) SEE RULE 1103.			
6671' PB. Frac dn tbg in 5 stages w/cross linked gel w/1% KCl FW as	follows (hold 1000#		
on annulus):	•		
Stage 1: 500 gal pad non-cross-linked; 1500 gal pad w/3# 100 mesh SP	G; 500 gal pad non-		
cross-linked; 1500 gal pad w/1# 20-40 SPG; 2000 gal pad w/2	# 20-40 SPG; 3000 gal		
nad 11/3# 20-40 SPC Treat @ 18 RPM @ 2250-3500#. Drop (4)	7/8" RCNBs.		
Stage 2: Same as stage 1; treat @ 18 BPM @ 2500-5000#. Incr 600# w/	balls on form. Drop		
(4) 7/8" RCNBs.			
Stage 3: Same as stage 1; treat @ 18 BPM @ 4650-6000#; incr 350# w/balls on form. Delete			
halls due to treating pres.			
Stage 4. Same as stage 1. treat @ 18 RPM @ $5350-5500-5160\#$. Drop (4)	7/8" RCNBs.		
Stage 5: Same as stage 1; treat @ 18 BPM @ 5100-6500-3600%. Incr 1300% W/Balls on 1610.			
Ball out & surge off balls.			
	15 / 1000# W		
Continued treat @ 16 BPM @ 3600-4230-3700#. Flush @ 18 BPM @ 3800#;	15 min 1080#. Max		
pres 6500#; min 2250#. AIR 16.8 BPM. Swbd. Started well flowing.			
	and free atimulation		
Well flowed 64 BO, 53 BW and 659 MCF gas on 700# TP in 24 hours. Bef	ore frac stimulation		
well flowed 10 BO and 5 BW in 24 hours. Work performed 10-12-79 thro	ugn 10-4J-77•		
the season of the board of the			
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
NO life 1	DATE 10-31-79		
*IGNEO . Sikes Area Engineer	DATE TO-SI-15		
Orig. Signar St.	The state of the s		
APPROVED BY JOHN VONE	DATC		
CONDITIONS OF APPROVAL, IF ANY			