State of New Mexico Energy, Minerals and Natural Resources Departme

Submit 5 Copies Appropriate District Office **DISTRICT I**

P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR ALL	OWA	BL	E AND AU	THO	RIZATI	ON			
I.		TOTR	ANSPO	RT O	IL A	ITAN DN.	JRAL	GAS				
Operator Chevron U.S.A., Inc.				-				·		Well API No. 30 - 025-08763		
Address P. O. Box 1150, Midland, TX 7	9702									30 - 025-08/03		
Reason (a) for Filling (check proper box)	J102						Other	(Please ex	nlain)			
New Well Recompletion	C	hange in T	ansporter o				54.0 ,	(1 rease ex	piain)			
Change in Operator	Oil Casinghead	Gas		Dry Ga: Conden		X						
If chance of operator give name and address of previous operator			<u> </u>			<u> </u>						
II. DESCRIPTION OF WELL	AND LEA		-									
		Well	No. Pool l	Name, I	Includ	ling Formation	1			Kind of Lease	Lease No.	
W. A. Ramsay (NCT-A) Com Location		3		Jalma	t Ga	as				State, Federal or Fee		
Location											<u> </u>	
Unit Letter C	:	0660	Feet Fr	om The	•	North	_l_ine a	nd	1980	Feet From The	West Line	
Section 03 Township			Rangi			36E	, NMP	М,		Lea	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER	R OF OI	LAND	VATU	JRA	L GAS						
		or Cor	densate	X		Address	(Give	address to	which a	oproved copy of this f	orm is to be sent)	
Name of Authorized Transporter of Carin L. 10. P. O. Box 4666, Houston, TX 77210-4666, Suite 2604										uite 2604		
Warren Petroleun Co.	n Co.					X Address (Give address to which P. O. Box 1589, Tulsa,				ich approved copy of this form is to be sent		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		Is gas actually	/ connec	ted?	When			
						Yes				02/01/0		
If this production is commingled with that	from any other	lease or p	ool, give co	mming	ling c	order number:			·	02/01/94	•	
IV. COMPLETION DATA		Oil W	all I Con	W7-11	157	-						
Designate Type of Completion - (X)				44 C11	New Well Workover Deepen			Plugba	ck Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Tota	l Depth			P. B. T.	D.	<u> </u>	
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tu				Tubing	ubing Depth		
Peforations						D				Depth Casin; g		
		TUBING,	CASING A	ND C	EME	NTING DEC	O.D.D.					
HOLE SIZE	TUBING, CASING AND C CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
									CENTENT			
	ļ											
V. TEST DATA AND REQUES	T FOR AL	LOWA	RLF		<u> </u>						-	
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of tota	l volume o	load oil ar	ıd must	be ed	jual to or exce	ed ton a	illowahle f	or this d	anth and a cuar		
	Date of Test				Prod	ucing Method	(I	Flow, pump	, gas lifi	, etc.)	nours)	
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 Tes	st			Bbls.	Condensate/N	MCF	 -	Gravity	of Condensate		
Testing Method (pilot, back press.) Tubing Pressure (Shut - in)									Choke Size			
								CHORO DIZE				
I hereby certify that the rules and regulati	ions of the Oil	Conservati		ļ			~ !!	2212				
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my kno	wledge and be	lief.		l	E	ate Appr	oved		į.	Es 1994		
J. N. Kiptly								I SUCAIF	n nu	/Enny		
Signature J. K. Ripley						DISTRICT SUPERVISOR						
Printed Name Title						itle						
2/2/94		: 5)687-714	8									
Date		lephone N										

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
- 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.

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