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-105
Revised 1-1-89

WELL API NO. 30-025-31710
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER
b. Type of Completion: NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF RESVR [ ] OTHER
7. Lease Name or Unit Agreement Name: Arrowhead Grayburg Unit
2. Name of Operator: Chevron U.S.A., Inc.
8. Well No. 239
3. Address of Operator: P. O. Box 1150, Midland, TX 79702
9. Pool name or Wildcat: Arrowhead Grayburg
4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 13 Township 22S Range 36E NMPM Lea County

10. Date Spudded	11. Date T.D. Reached	12. Date Compl. (Ready to Prod.)	13. Elevations (DF & RKB, RT, GR, etc.)	14. Elev. Casinghead
9/9/92	9/15/92	10/13/92	3450' GE	--

15. Total Depth	16. Plug Back T.D.	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By	Rotary Tools	Cable Tools
3938'	3881'			X	

19. Producing Interval(s), of this completion - Top, Bottom, Name: 3679'-3923' Grayburg
20. Was Directional Survey Made: Yes
21. Type Electric and Other Logs Run: GN-CNL-CAL-GR-CCL-CBL-CET
22. Was Well Cored: No

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	23#	1245'	12-1/4"	750 sx	89 sx-surf
5-1/2"	15.5#	3938'	7-7/8"	900 sx	170 sx-surf

24. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-7/8"	3925'	--

26. Perforation record (interval, size, and number)
3679'-3923' 2 JHPF 4" (170 holes)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3679'-3923'	45 bbls 15% NEFE HCL

28. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)
10/15/92	Pumping	Prod

Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
10/15/92	24	W.O.		17	39	171	2294

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)
35#	35#		17	39	171	34.6

29. Disposition of Gas (Sold, used for fuel, vented, etc.): Sold
Test Witnessed By
30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature J. K. Ripley Printed Name J. K. Ripley Title T.A. Date 11/11/92

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	1229'	T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt	1325'	T. Strawn		T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt	2528'	T. Atoka		T. Pictured Cliffs		T. Penn. "D"	
T. Yates	2744'	T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers	2924'	T. Devonian		T. Menefee		T. Madison	
T. Queen	3404'	T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg	3714'	T. Montoya		T. Mancos		T. McCracken	
T. San Andres		T. Simpson		T. Gallup		T. Ignacio Otzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		T. Gr. Wash		T. Morrison		T.	
T. Tubb		T. Delaware Sand		T. Todilto		T.	
T. Drinkard		T. Bone Springs		T. Entrada		T.	
T. Abo		T.		T. Wingate		T.	
T. Wolfcamp		T.		T. Chinle		T.	
T. Penn		T.		T. Permain		T.	
T. Cisco (Bough C)		T.		T. Penn "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....

No. 2, from.....to..... No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....

No. 2, from.....to.....feet.....

No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
Surf	1229	1229	Surface Alluvium				
1229	1325	96	Anhydrite				
1325	2528	1203	Interbedded Salt & Thin Clastics				
2528	3520	992	Interbedded Thin Clastics & Carbonates				
3520	3714	194	Clastics Interbedded w/ Thin Carbonates				
3714	3938	224	Dolomite interbedded w/ Thin Clastics				

Submit 5 Copies
Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources D tment

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

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Chevron U.S.A., Inc.	30-025-31710
Address P. O. Box 1150, Midland, TX 79702	

Reason(s) for Filing (Check proper box)

New Well [X] Recompletion [ ] Change in Operator [ ] Other (Please explain) [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Arrowhead Grayburg Unit	239	Arrowhead Grayburg	State	

Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 13 Township 22S Range 36E ,NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] EXPL J	**Address (Give address to which approved copy of this form is to be sent)**
Texaco Producing Inc.	P. O. Box 3000, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	10/13/92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/9/92	10/13/92	3938'	3881'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3450' GE	Grayburg	3679'	3925'
Perforations			**Depth Casing Shoe**
3679'-3923'			--

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1245'	750
7-7/8"	5-1/2"	3938'	900

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/15/92	10/15/92	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	35#	35#	W.O.
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
188	17	171	39

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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

J. K. Ripley
Signature
J. K. Ripley
Printed Name
T.A.
Title
11/11/92
Date
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 16 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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

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