Submit 5 Copies Appropriate District Office **DISTRICT 1** P. O. Box 1980, Hobbs, NM 88240

P. O. Drawer DD, Artesia, NM 88210

**DISTRICT II** 

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

**OIL CONSERVATION DIVISION** 

Date Approved \_\_\_\_\_\_\_ JAN 1 1 1992

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IN

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

Designate   Desi
Address P. C. POX 2007, HOUSTON, TX 77252-2067  LESSOR (a) for Filling (check proper box)  Lew Well Change in Transporter of:  Casinghead Gas Dry Gas Condensate  Change in Operator W Casinghead Gas Condensate  Change in Operator W Casinghead Gas Condensate  Change in Operator W Casinghead Gas Condensate  Change in Transporter of:  Casinghead Gas Condensate  Charge of operator give name da address of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702  L. DESCRIPTION OF WELL AND LEASE  Lease No.  State, Federal or Fee  Fee  Lease No.  State, Federal or Fee  Fee  Loase No.  State, Federal or Fee  Fee  Loase No.  State, Federal or Fee  Fee  Loase No.  State, Federal or Fee  Fee  Lease No.  State, Federal or Fee  Fee  Loase No.  St
Cason (e) for Filling (check proper box)  Lew Well Change in Transporter of:  Casinghead Gas Dry Gas  Change in Operator  Casinghead Gas Condensate  Change in Operator give name  daddress of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Midhand, TX 79702  L. DESCRIPTION OF WELL AND LEASE  Case Name  Well No. Pool Name, Including Formation  Loka San Andres  Well No. Pool Name, Including Formation  Unit Letter  O  1 0990 Feet From The  Section 14 Township 18S Range 26E , NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  ame of Authorized Transporter of Oil  Or Condensate  Or Condensate  Address  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Artesia, NM 88210  well produces oil or liquids,  we location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected?  Yes Unknown  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v  Designate Type of Completion - (X)
Change in Transporter of:  Casinghead Gas  Condeasate  Condeasate  Change in Operator X  Casinghead Gas  Condeasate  Condeasate  Change in Operator By the name of address of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change in Operator give name of address of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change in Operator give name of address of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change in Operator give name of Authorized Unit of Lease  Well No. Pool Name, Including Formation  Well No. Pool Name, Including Formation  Kind of Lease  State, Federal or Fee  Fee  Lease No. State, Federal or Fee  Fee  Continuation  Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  County  Change in Transporter of Oil or Condensate  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Artesia, NM 88210  Interpretation of tanks.  Verification of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? When ?  Veres Unknown  Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v  Designate Type of Completion - (X)
Change in Transporter of:  Condensate  Change in Transporter of:  Casinghead Gas  Condensate  Condensate  Change in Operator X  Casinghead Gas  Condensate  Condensate  Change in Operator X  Casinghead Gas  Condensate  Condensate  Change in Transporter of:  Condensate  Condensate  Condensate  Change in Transporter of:  Condensate  Condensate  Condensate  Condensate  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Middland, TX 79702  Change of Company  Change of Company  Condensate  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Change of Authorized Transporter of Casinghead Gas  Change of Authorized Transporter of Casinghead Gas  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88210  Chevron U.S.A. Inc., P. O. Box 159, Artesia, NM 88
Change in Operator   X
chance of operator give name and address of previous operator  Chevron U.S.A. Inc., P. O. Box 1150, Midhand, TX 79702  C. DESCRIPTION OF WELL AND LEASE  Page Name  Well No. Pool Name, Including Formation  Unit Letter  O  1 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E ,NMPM, Eddy County  C. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Ame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Avajo Reflaing Company  P. O. Box 159, Artesia, NM 8210  une of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Well produces oil or liquids, Verlag oil or liquids, Verlag oil or liquids, Verlag of Condensate (Give address to which approved copy of this form is to be sent)  Well produces oil or liquids, Verlag oil or liquids, Verlag oil or liquids, Verlag of Condensate (Give address to which approved copy of this form is to be sent)  Well produces oil or liquids, Verlag oil or liquids, Verlag oil or liquids, Verlag of Condensate (Give address to which approved copy of this form is to be sent)  Well produces oil or liquids, Verlag oil
Chevron U.S.A. Inc., P. O. Box 1150, Midhand, TX 79702  I. DESCRIPTION OF WELL AND LEASE  Lease Name    Well No.   Pool Name, Including Formation   State, Federal or Fee   State, Federal or Fee   Fee
Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee Fee  Lease No.  Well No. Pool Name, Including Formation  Well No. State, Federal or Fee Fee  Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Ame of Authorized Transporter of Oil X Or Condensate Gas Address (Give address to which approved copy of this form is to be sent)  Avalo Refining Company  P. O. Box 159, Artesia, NM 88210  well produces oil or liquids, we location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? When 7 velocation of tanks.  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v  Designate Type of Completion - (X)
Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee Fee  Lease No.  Lease No.  Lease No.  Marks San Andres Unit  Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  Lease No.  Red Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  Lease No.  Red Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  Lease No.  Red Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  Lease No.  Red Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  P. O. Box 159, Artesta, NM 88210  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Millips 66 Natural Gas  Well produces oil or liquids, we location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? When?  Yes Unknown  This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v
toks San Andres Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E ,NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  ame of Authorized Transporter of Oil or Condensate
Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  ame of Authorized Transporter of Oil
Unit Letter O : 0990 Feet From The South Line and 1650 Feet From The East Line  Section 14 Township 18S Range 26E , NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  The arm of Authorized Transporter of Oil  Or Condensate
Section 14 Township 18S Range 26E , NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  ame of Authorized Transporter of Oil
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  ame of Authorized Transporter of Oil  avajo Refining Company  are of Authorized Transporter of Casinghead Gas  Address  P. O. Box 159, Artesia, NM 88210  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is
Address (Give address to which approved copy of this form is to be sent)  P.O. Box 159, Artesia, NM 88210  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give a
avajo Refishing Company  The production is commingled with that from any other lease or pool, give commingling order number:  P. O. Box 159, Artesia, NM 88210  Address (Give address to which approved copy of this form is to be sent)  4001 Penbrok, Odessa, Tx 79762  When?  When?  Unknown  This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v
avajo Refining Company ame of Authorized Transporter of Casinghead Gas ame of Authorized Transporter of Casinghead Gas ame of Authorized Transporter of Casinghead Gas allilips 66 Natural Gas avell produces oil or liquids, avelocation of tanks.  Unit Sec. Twp. Rge. Is gas actually connected?  Yes  Unknown  Un
ame of Authorized Transporter of Casinghead Gas
well produces oil or liquids, ve location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected?  Yes Unknown  this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v  Designate Type of Completion - (X)
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v  Designate Type of Completion - (X)
Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v
Designate Type of Completion - (X)
P. B. I. D.
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth
forations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
. TEST DATA AND REQUEST FOR ALLOWABLE
IL 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)
the First New Oil Run To Tank Date of Test Producing Method (Flow, nump, eas lift, etc.)
posted ID-3
ngth of Test  Tubing Pressure  Casing Pressure  Choke Size / 1-15-93
ngth of Test  Tubing Pressure  Casing Pressure  Choke Size  1-15-93  Tual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Clag OP
AS WELL
AS WELL tual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

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

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.

Signature

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

- 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.