Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

er DD, Astroia, NM 88210

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

DEC 21 '89

DISTRICT HI 1000 Rio Benzos Rd., Aztoc, NM 87410	DEOL	ect co		OWAD	E AND	MITHORIZ	ATION	<b>.</b>	· •••		
						NUTHORIZ FURAL GA		Ø. C.			
operator	AND NATURAL GAS WELLAND NO. OFFICE										
Chevron U.S.A., I	nc.						30	-015-	2213	12	
	lobbs,	New Me	x1co	88240	)						
Resoon(s) for Piling (Check proper box)					Other	r (Piesse expla	in)				
Now Well		Change in									
Recompletion	Oli Corinebes	46=	Dry Gas		EF	FECTIVE	DATE -	1-1-90		್ ಆಕ್ಟ್ ಪತಿಸ್ಥೆಯ ಆಫ್ರೆಸ್ಟಿಕ	
chasses is toposance at the saucher and address of previous operator					Fill republic of distance					*** **********************************	
L DESCRIPTION OF WELL	AND LE	ASE								•	
Lease Name			1 .		g Formation			(Lease	Los	se No.	
Pacheco Federal			Hngo	ell Ranc	h Atok	a Morro	ພ <b>ຣະະ</b> ເຸ	federal or Fee			
Unit Letter		180	. Feet Pro	om The	outh Lin	e and	80_ Po	nt From The _	East	Line	
Section 3/ Township	19	ی?	Range	28	E N	MPM, Z	Eddy			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATUI	RAL GAS						
Name of Authorized Transporter of Oil						Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Company  Name of Authorized Transporter of Caslaghead Gas or Dry Gas					P. O. Box 2436, Abilene, Texas 79604  Address (Give address to which approved copy of this form is to be sent)						
rems or Authorized Transporter of Caral	press Cas		or Diy	Gas []	Vocases (Ou	e edaress to wi	ися ерргочев	copy of this jo	VIII LE SO DE JEN	•,	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	is gas actual	y connected?	Whea	7			
If this production is commingled with that IV. COMPLETION DATA	from may of	her lease or	pool, giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	• •	i	i								
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ntions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
erforations					<u> </u>		,	Depth Casing Shoe			
								<u> </u>			
HOLE SIZE	<del></del>				CEMENT	ING RECOR		<del></del>	SACKS CEM	ENT	
TIOCE GIZE	CASING & TUBING SIZE			DEPTH SET			SAORS CEMERI				
	1	-									
V. TEST DATA AND REQUE	CT FOD	ALLOW	ABIE		<u> </u>			<u> </u>			
OIL WELL (Test must be after					be equal to o	r exceed too all	lowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Russ To Tank	Date of 1		,			Aethod (Flow, p					
Length of Test	Tubing I	Tubing Pressure				ent.		Choke Size Chy 17: PER			
Actual Prod. During Test		Ott. Pt.			Water St.	_		Gas- MCF	Judi-	19-90	
verms sing trained feet	Oil - B6	Oil - Bbis.				Water - Bbis.			OM MCL		
GAS WELL					<del> </del>					············	
Actual Prod. Test - MCF/D	Leagth of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	TATE	At CON	DI TA	NCE	<del>-</del>			1			
I hereby certify that the rules and regu	ulations of t	he Oli Cons	ervation		1	OIL CO	NSERV	<b>ATION</b>	DIVISIO	NC	
Division have been complied with and	d that the is	formation si	ivez abor	ns.				1831 4 /	4000		
is true and complete to the best of my	/ Khowledge	and belief.			Dat	e Approvi	ed	JAN 1	) ISSU		
IlM m	MI	•				• •					
Signature					By.			SIGNED	BY	<del></del>	
C. L. Morrill Printed Name	NM A	NM Area Prod. Supt.				MIKE WILMAMS  TITLE SUPERVISOR, DISTRICT IT					
12-22-89 Date		(505)3			1   1   1	ਖ <u>`</u>	OCCUPATO	7011, UIST	MO I II	··	
		74		-	11						

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Pili out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.