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

State of New Mexico .gy, Minerals and Natural Resources Departm.

OIL CONSERVATION DIVISION
P.O. Box 2088

ISTRICT II O. Drawer DID, Arlesia, NM 88210		Sant		New Me	xico 8750-	4-2088		er su	1	
STRICT III 00 Rio Brazes Rd., Azzec, NM 87410	REQUES	ST FO	R ALL	OWABI	LE AND A	UTHORIZ	S		FKT	
perator					Well AP			71 No. 015-23722		
Chevron U.S.A., Inc.							30-0	715-2372	. <u></u> _	
	and, TX 7	97021				- /Disass armini	<u> </u>			
ason(s) for Filing (Check proper box)	~	in T	[ramporte	⊷ of:		r <i>(Please explai</i> successful	-	letetion a	attemp w	ell shut
w Well X	Oil		Dry Gas			♠ 5 - 11 =	-		•	
completion \(\triangle \)	Casinghead G		Condensa	te 🗌						
hange of operator give name										
address of previous operator	ND I FAC									-
DESCRIPTION OF WELL A	Well No. Pool Name, Includ			ne, Includir				Y Lease Lease No. Federal or Fee 1 C - 064490		
Lentini Fed. Com.	1 Loving North			SIME			1 60-004430			
cation						40001		,	14/4	
Unit Letter K	:2010'				uth Line	and 1980'	Fee	t From The	west	Line
Section 9 Township	238		Range 2	28E	, N	ирм,		ddy		County
I. DESIGNATION OF TRANS ame of Authorized Transporter of Oil Pride Pipeline Co.	SPORTER or	OF OI Condens	L AND	NATUI	RAL GAS Address (Giv	e address to wh	ich approved x 2436 Ab			nt)
ame of Authorized Transporter of Casing El Paso Natural Gas	head Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX. 79999					
well produces oil or liquids, we location of tanks.	Unit Sec. Twp. Rge. K 9 238 28E				is gas actually connected? When			?		
this production is commingled with that i	rom any other	lease or p	pool, give	comming	ing order num	ber:				
. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		Onv	i			İ	İ	X	1	<u></u>
ne Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
3/20/91	4/10/91				12,700' Top Oil/Gas Pay			6126' Tubing Depth		
evations (DF, RKB, RT, GR, etc.) 3042' GR.	Name of Producing Formation Delaware				5947'			5906'		
Perforations								Depth Casing Shoe 10,500'		
	771	BING	CASIN	IG AND	CEMENTI	NG RECOR	D.			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
26"	16"				410'			600 sx. surf.		
14 3/4"	10 3/4"			2694'			1350 sx. toc 35 500 sx. toc 950			
7 5/8"	7 5/8"				10,500'			500 SX. 10C 550		
. TEST DATA AND REQUES	ST FOR AL	LOW	ABLE					in double on he	San fell 24 ha	are l
IL WELL (Test must be after t		l volume	of load o	ul and musi	Producine N	r exceed top au lethod (Flow, p	ump, eas lift.	esc.)	, jui jui 24 no	
ate First New Oil Run To Tank	Date of Test				 - -					
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
					<u></u>					
GAS WELL								12 1 2	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularision have been complied with and is true and complete to the best of my	lations of the C that the inform knowledge and	oil Conse nation gives l belief.	rvation			OIL COI				
Darbara.	ximi				Ву					
Barbara Smith		Tech.	Assis	tant	1	_				
Drinted Name) IUC		II Titl	3	,			

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.

Title.

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

Title

(915)687-7148 Telephone No.

- 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.

Printed Name 7/18/91

Date