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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico zy, Minerals and Natural Resources Departmen

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

**OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Astesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Wall A			<del></del>	
Chevron U.S.A., I	inc.						30.	-025-	28662	4	
Address	_ <del> </del>										
P. O. Box 670, Because of the Proper box.	lobbs,	New Me	xico	88240		r (Please explai	in)				
New Well		Change in	Transpor	ter of:		t it seems exhaus	my				
Recompletion	Oil		Dry Gas		FF	FECTIVE :	חאדד _	1_1_90			
Change in Operator	Casingher	ad Gas 🔲	Conden	mbe 🔲		BOLLVE .	DALL	1 1 70		ear and a second	
ad address of previous opens	A same to be de-		A STATE OF STATE OF	1001 L. S. P. S.		The section				ubudata karangan di Jawa Sala	
				· · · · · · · · · · · · · · · · · · ·							
DESCRIPTION O. WELL AND LEASE Well No.   Pool Name, Include					an Engates					Lease No.	
<del></del>				ione, incruou	rb 95. Wolfcamp, SE			of Lease Federal or Fe		rae LAC	
Location	<u> </u>		LOUN	CID S		Teamp,					
Unit Letter H	:_17	90	Fact Pro	m The N	erth Line	and 90	0 R	et From The	East	Line	
					_						
Section / G Township	19	<u>S</u>	Range	35	E , N	APM,	Lea	<u></u>	<del> </del>	County	
III. DESIGNATION OF TRAN	SPORTE	CR OF O	II. ANI	D NATIII	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		<u> </u>	Address (Giv	address to wh	ich approved	copy of this f	orm is to be ser	u)	
Pride Pipeline Comp	pany				P. O. B	ox 2436,	Abiler	ie, Texa	s 79604	<b>,</b>	
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Ces 🗀	Address (Giv	address to wh	ich approved	copy of this f	'orm is to be se	d)	
Warren  If well produces oil or liquids,	Unit	Sec.	Twp.		le erre e erre		1	•			
pive location of tanks.	) VER	3ec.	i i i adb	Kgs.	ls gas actuall	When	<b>18</b> 7				
if this production is commingled with that	from any of	her lease or	pool, giv	e comminel	ing order sum	per:					
IV. COMPLETION DATA											
Designate Time of Completion	~	Oil Wei		Jas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		npl. Ready t			Total Depth		<u>L</u>	<u> </u>	<u> </u>	1	
Date Spiciosi	Deta Cota	арт. живоу т	o Proc.		10th Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	r.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					-			Depth Casi	ng Shoe		
		<del></del>	<u> </u>	10 110				<u> </u>			
TUBING, CASI HOLE SIZE CASING & TUBING					CEMENII		ט	<del></del>	SACKS CEMENT		
THOSE GREE	<del>                                     </del>	ASING & I	OBING :	312.5	DEPTH SET			SACAS CEMENT			
	†						•	<del> </del>			
V TEST DATA AND REGUE	CT FOR	TI AII	1010					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t					he could to ou	anned ton all	aumhla fan th		for full 24 hour	1	
Date First New Oil Run To Tank	Date of T		. vj 100d	va ena mist		ethod (Flow, pu			jor juli 24 nou	73.)	
		. • • •									
Length of Test	Tubing P	Tubing Pressure			Casing Pressure			Choke Size			
Astroid Board Doning Trees	ļ							lo. Ver			
Actual Prod. During Test	Oil - Bbi	Oil - Bbis.				Water - Bbls.			Gas- MCF		
CACUELL					<u> </u>			1	·		
GAS WELL Actual Prod Test - MCF/D	II and -	/ Ta			18G- 7			l O lo	<b>*</b>		
	- angle o	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Sb	ut-in)		Casing Press	ure (Shut-in)		Choke Size	8		
<u> </u>											
VL OPERATOR CERTIFIC	CATEO	F COM	PLIA	NCE	][	011 001					
I hereby certify that the rules and regu	dations of th	e Oil Cons	ervation	à		OIL COM	NSERV				
Division have been complied with and is true and complete to the best of my	Dat the inf	rormetice gi	vez abov	* *				JA	N 0 8 1	npp	
()	_			İ	Date	Approve	)d	<del>•</del> • • •	00	00 <b>0</b>	
Mann	1				_	(np)	SIMAL OF	Bipve a			
Signature		TAC 11-	-d -		By_		DISTRI	CT I SUPE	ERRY SEXT	OM	
C. L. Morrill Printed Name	NM A	rea Pro	Od. S	upt.			,	or a syrret	* <b>430</b> 8		
12.22.89		(505)3	93-41		Title		<del></del>	<del></del>			
Date		Te	lephone i	No.	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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

  5) Pill 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.