Appropriate District Ottos DISTRICT J P.O. Box 1980, Hobbs, NM 22240

DISTRICT E P.O. Drawer DD, Assess, NM 88210

State of New Mexico F 'y, Minerals and Natural Resources Department

n C-104 leed 1-1-89

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

DISTRICT EI 1000 Rio Brazos RA., Assec, NM 87410

Santa Fe, New Mexico 87504-2088

L				ALLOWAB PORT OIL							
Openior Chevron U.S.A., 1				II No.	1Na 0-025-04402						
Address	inc.	····				<del></del>		50-025	-044	02	
P. O. Box 670, I	lobbs,	New Me	xic	o 88240							
Reseas(s) for Filing (Check proper box)			_		Othe	t (Please exple	rie)		· · · · · · · · · · · · · · · · · · ·		
New Well Recompletion	OII	Change in	Treat Dry								
Change in Operator			•	Scenete 🗌							
If change of operator give name and address of previous operator					<del></del>					·	
								· <del></del>	<del></del>	<del>,</del> -	
IL DESCRIPTION OF WELL A	a Econotica	···	1 200	/ Leses							
								of Lease No. Federal or Fee			
Location		•						·			
Unit Letter F	: 19	03	Feet	From TheN	orth Lin	and	0P•	it From The _	West	Line	
Section 34 Township	<b>2</b> 0s		Ram	■ 36E	Na Na	MPM.	Lea			0	
					1,7	VII IVI,		· <del></del>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NATU	RAL GAS						
*	Authorized Transporter of Oil (RES) or Condensate [ Oil Co., a Div. of KOCH Ind.					nd, Texa					
Name of Authorized Transporter of Casing	thend Gas	78cc		WE: Febru							
Phillips 66 Da					1 -						
If well produces oil or liquids, give location of tents.	Ciak	Sec. 34	Ny	M Gas Co	nyinina.	y connected?	When	7			
If this production is commingled with that					<i>y</i>			· <del></del>	<del> </del>		
IV. COMPLETION DATA			<b>,</b> ,	p.v. comming.							
Designate Type of Completion	<b>~</b>	Oil Well		Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nd Bandu te			Total Depth	L	<u> </u>			<u>i                                      </u>	
	Date Compi. Ready to Prod.				Total Depai			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
or (craticals											
741444							•	Depth Casing	Spoe		
		TUBING.	CA	SING AND	CEMENTI	NG RECOR	RD.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del>                                     </del>					<del></del>					
V. TEST DATA AND REQUES								. <u>I </u>			
OIL WELL (Test must be after r  Date First New Oil Rus To Tank			of la	od oil and must					or full 24 hou	rs.)	
THE THE THE PERSON OF THE PERS	Date of To				Producing Method (Flow, pump, gas lift, etc.)						
Leagth of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
A and Durk During The	uel Prod. During Test Oil - Bbls.				Water - Bbis.						
WATER LIGHT DELINE 1485								Gas- MCF			
GAS WELL	<u> </u>	<del></del>			L						
Actual Prod. Test - MCF/D	Lingth of Test				Bbls Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
					Pare concentrativity				Choke Size		
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
M ODED ATOD OFFI	1			4 3 4 5 5	<del>ار</del>			<u> </u>			
VL OPERATOR CERTIFIC	AIE O	COMI	PLL	ANCE		OIL CO	<b>VAERV</b>	ATION	DIVISIO	)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					1	J.2 JO	farm F I W				
is true and complete to the best of my	kan wooden	ind belief.		_	1 000	Appro.		DEC 0	8 198	9	
CI Morrill by ELG						• •					
Signature 0					∥ By_	OF	RIGINAL S	GNED BY	JERRY SE)	CION	
C. L. Morrill	NM Å1	ea Pro	d.	Supt.			ווכוע	(ICT TOUT			
Printed Name 12-05-89	(	( <b>50</b> 5) 39	<b>TM</b> 3-2	121	Title	!					

INSTRUCTIONS: This form is so 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) 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.