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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TR	<u>ANS</u> F	<u>'ORI O</u> I	L AND NA	I UHAL G	AS					
Operator	Well API No.											
Chevron U.S.A., Inc.								0-025-06011				
P. O. Box 670,	Uobba	Norr M		. 001/	. ^							
keason(s) for Filing (Check proper box	Hobbs,	New M	exic	o 8824		er (Please exp	Jain)			·		
New Well	•	Change is	n Transp	orter of:		ier is seeme text	num)					
Recompletion X	Oil		Dry C									
Change in Operator	Casinghe	nd Gas 🗌	Conde									
change of operator give name ad address of previous operator								· · · · · · · · · · · · · · · · · · ·				
-						· · · · · · · · · · · · · · · · · · ·						
L DESCRIPTION OF WEL	L AND LE	ASE	·									
ease Name Well No. Pool Name, In Bertie Whitmire 1 Eumont				Name, Includ				Kind of Lease No.				
ocation		1 1	Eum	ont /Ki	vers Qu	een Penr	ose State	, Federal or Fee				
	19	80		ħ	lorth	. 19	80		E+			
Unit LetterG	— :— -		_ Feet F	rom The	Lic	e and	<u> </u>	eet From The _	East	Line		
Section 08 Towns	ship 20S		Range			A STYL S	Lea					
	<u> </u>		Kange	372	,,	МРМ,	Lea			County		
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS							
iame of Authorized Transporter of Oil		or Conde				e address to w	hich approve	d copy of this for	m is to be s	ent)		
										,		
ame of Authorized Transporter of Cas					Address (Gi	e address so w	hich approve	oproved copy of this form is to be sent)				
Enron Oil & Cas Co. [well produces oil or liquids,	(Norther				P.O. Box 2267 - Mi			idland, Texas 79709				
ve location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	•	Whe					
this production is commingled with th	et from env orb				Ye	s		06-06-90				
COMPLETION DATA	- nom any ou	CI PEASE OF	poor, gr	ле сониний	ing order num	er:						
		Oil Well		Gas Well	New Well	Workover	1 -) <u>. </u>				
Designate Type of Completio	n - (X)	i	i	X	Them them	WOIKOVEI	Deepen	Plug Back S	ame Res'v	Diff Res'v		
ate Saydock Started		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
05-13-90		05-22-90				3882'			3435'			
evations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
3557 GL	Eumont 7Rivers Qn/PS				2634			2554'				
	2020 204	0 0055	006	0 0010	0110 014	3220,	3230.	Depth Casing	Shoe			
2634,2650,2718,2800,							-					
HOLE SIZE					CEMENTING RECORD							
		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
13_3/8" 9_7/8"		10 3/4" 32#		252'			200 sx Circ.					
6 3/4"		7 5/8" 22# 5 1/2" 17#		1,077'			200 sx TOC 415'					
0.374	2 3/8"			3,774' 2,554			275 sx TOC 2230'					
TEST DATA AND REQUE	ST FOR A	LLOW	BLE			,)) 4		<u> </u>				
IL WELL (Test must be after	recovery of to	ial volume	of load o	oil and must	be eaual to or	exceed ton all	numble for this	e denth on he for	6.11 24 L	\		
te First New Oil Run To Tank	nk Date of Test				t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
						•						
ngth of Test	Tubing Pres	sure			Casing Pressu	re		Choke Size				
not be a built of												
ual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF				
												
A C TURN I												
							Bbls. Condensate/MMCF			Gravity of Condensate		
tual Prod. Test - MCF/D	Length of T		_		Bbls. Conden			Gravity of Con	densate			
tual Prod. Test - MCF/D 473		24 hrs				-0-		Gravity of Con	densate			
tual Prod. Test - MCF/D 473 ting Method (pitot, back pr.)	Tubing Pres	24 hrs			Bbls. Condens	-()- e (Shut-in)		N/A Choke Size				
tual Prod. Test - MCF/D 473 ting Method (pitot, back pr.) Orifice Meter	Tubing Pres	24 hrs sure (Shut- 410	in)			-0-		N/A				
tual Prod. Test - MCF/D 473 ting Method (pitot, back pr.) Orifice Meter L. OPERATOR CERTIFIC	Tubing Pres	24 hrs sure (Shut- 410	in)	CE	Casing Pressu	-0- e (Shut-in) -0-		N/A Choke Size 20/64	1			
tual Prod. Test - MCF/D 473 sting Method (pitot, back pr.) Orifice Meter L. OPERATOR CERTIFIC I hereby certify that the rules and regu	Tubing Pres	24 hrs sure (Shut- 410 COMPI	in) LIAN	J	Casing Pressu	-0- e (Shut-in) -0-	SERV	N/A Choke Size	1)N		
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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.
- 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.