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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

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

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

I.	REQ	UEST F	OR	ALLOW	ABLE	AND	AUTHOR	RIZATI	NC					
Operator	JIL AN	AND NATURAL GAS												
Chevron U.S.A. 1		j												
P.O. Box 1150, Midland, TX 79702						30-025-30990								
Reason(s) for Filing (Check proper box)	lidland	, TX	7970	02			<del> </del>	<u></u>						
New Well		Change i	o Trai	asporter of:_	L	Ot	ther (Please ex	plain)						
Recompletion	]													
Change in Operator  If change of operator give name	Casinghe	ad Gas	] Coc	nden sate	]									
and address of previous operator														
II. DESCRIPTION OF WELL	AND LF	ASE										<u>-</u>		
Lease Name	luding For	ling Formation Kind					of Lease No.							
R. R. Bell (NCT-F)			t/Quee					Federal melle	:   -	E48E 110.				
	1 0	520			/\ 									
Unit Letter F	_ :	020	_ Feat	From The .	Nort	1 Lir	ne and182	20	Fe	et From The _	West	Line		
Section 36 Township 20S Range 36E , NMPM, Lea County														
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil		or Conder		TAN UMI				vhich appr	oved	copy of this fo	em is to be se	mt)		
N.A.		Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Casing Northern Natural Gas	Addre	Address (Give address to which approved cop.					rm is to be se	nt)						
If well produces oil or liquids,	Unit	Sec.	Twp	Rg Rg		P.O. Box 2267, Mid1 is gas actually connected?			and Vhen		79709	<del></del>		
give location of tanks.	<b>i</b> i	İ	ĺ	į į	1 '	Yes		i '	ATICE	3/1/9	<del>)</del> 1			
If this production is commingled with that it.  IV. COMPLETION DATA	from any oth	ner lease or	pool,	give commi	ngling orde	r num	ber:				······································			
T. COMPLETION DATA	<del></del>	Oil Well		Gas Well	1 21	377 11	1 377 .	- <del></del> -			<del>- "- , _ ,</del>			
Designate Type of Completion	- (X)		1	XX XX	New	Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total	Depth	-I	_L		P.B.T.D.	<u></u>			
11/7/90	12/			3750'				3702'						
Elevations (DF, RKB, RT, GR, etc.)  3546 GR  Name of Producing Formation  Eumont Quelow						Top Oil/Gas Pay				Tubing Depth				
Perforations						3472'				Depth Casing Shoe				
3472'-3636'											3750'			
			D CEMI	CEMENTING RECORD										
HOLE SIZE 12 1/4"	<del></del>	SIZE		DEPTH SET				SACKS CEMENT						
7 7/8"	<del>}</del>	8 5/8" 23# 5 1/2" 15.5#					1135' 3750'				785sx "C" Circ 176sx 575sx "C" Circ 45sx			
		ſbg.		3414'										
TECT DATA AND DECLIES	TEODA	11000	1011	r2										
V. TEST DATA AND REQUES OIL WELL (Test must be after re					st he eaua	l so or	exceed top all	lowable fo	r this	denth or he fo	r full 24 hour	·e )		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test							Producing Method (Flow, pump, gas lift, etc.)							
	<u> </u>			<del></del>	<u> </u>		··			A 1 6 6 1				
Length of Test	Tubing Pre		Casing	Casing Pressure				Choke Size						
Actual Prod. During Test	Oil - Bbls.				Water -	Water - Bbis.					Gas- MCF			
					_		···							
GAS WELL					•									
Actual Prod. Test - MCF/D	Length of		Bbls. C	Bbls. Condensate/MMCF				Gravity of Condensate						
370 Testing Method (pilot, back pr.)	Tubing Pre		Casing	Casing Pressure (Shut-in)				N.A. Choke Size						
Back Pressure	125			0				22/64						
VI. OPERATOR CERTIFICATE OF COMPLIANCE								1055						
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved MAP 1 3 1881								
						Date 7.pp 10104								
IM. Below						By Paul Kautz								
Signature D.M. Bohon Technical Assistant						·		8: 1	tooi	)g1#\$				
Printed Name Title						itle.								
3/8/7/ Date	(915)		48 phone	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.