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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Chevron U.S.A. Inc.</b>		Well API No. <b>30-0250-31002</b>
Address <b>P.O. Box 1150, Midland, Texas 79702</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>B.V. Culp (NCT-A) Gas Com</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>Eumont Y-SR-Queen</b>	Kind of Lease <b>State Federal Fee</b>	Lease No.
Location Unit Letter <b>A</b> : <b>840</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b> Line Section <b>19</b> Township <b>19S</b> Range <b>37E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northern Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2267, Midland, TX 79709</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>19</b>	Twp. <b>19S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When? <b>3/1/91</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>11/15/90</b>	Date Compl. Ready to Prod.		Total Depth <b>3700'</b>		P.B.T.D. <b>3675'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3687' GR</b>	Name of Producing Formation <b>Eumont Queen</b>		Top Oil/Gas Pay <b>3486'</b>		Tubing Depth <b>3347'</b>			
Perforations <b>3486'-3661'</b>					Depth Casing Shoe <b>3700'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12 1/4"</b>	CASING & TUBING SIZE <b>8 5/8" 23#</b>		DEPTH SET <b>1235'</b>		SACKS CEMENT <b>800sx Circ 200sx</b>			
<b>7 7/8"</b>	<b>5 1/2" 15.5#</b>		<b>3700'</b>		<b>665sx T.O.C. @ 600' TS</b>			
	<b>2 3/8" tbg.</b>		<b>3347'</b>		-----			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D <b>468</b>	Length of Test <b>24hr</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>N.A.</b>
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>0</b>	Casing Pressure (Shut-in) <b>150</b>	Choke Size <b>26/64</b>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *A.M. Bohon*  
Printed Name **D. M. Bohon** Technical Assistant  
Date **3/7/91** Title  
Telephone No. **(915) 687-7148**

OIL CONSERVATION DIVISION

Date Approved **MAR 12 1991**

By *Paul Kautz* Orig. Signed by  
Title *Geologist*

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.

RECEIVED

MAR 11 1991

OCS  
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