Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REC	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATION]		
Operator		TOTR	ANSP	ORT O	L AND NA	ATURAL G		API No.		
Chevron U.S.A., In)-025-31313						
Address P.O. Box 1150 M	idland, T	X 7970	2							
Reason(s) for Filing (Check proper box)			·		T Ori	her /Please eval	lais)	· 		
New Well	orter of:	Other (Please explain)								
Recompletion	Oil	_	Dry Ga	_						
Change in Operator	Casinghe	ead Gas	Conden	sate 🗌						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE									•
Lease Name B. V. Culp (NCT-A) Gas Co	Well No.	1		1 (2			nd of Lease No. Lease No.			
Location	<u>om</u>	11	Eumo	ont Yate	s 7R Que	en	£it?		<u> </u>	
Unit Letter C	.660	·	_ Feet Fr	om The No	orth Lin	e and 2310	F	eet From The	West	Line
Section 19 Townsh	ip 1	198	Range	37E	, N	МРМ,		Lea		County
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	D NATU	RAL GAS					
Name of Authorized Transporter of Oil or Condensate X					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northern Natural Gas Co. Warren Petraleum					Address (Give address to which approved copy of this form is to be sent) P: 0. Box 1186, Houston, TX 77251					
			Twp.	Rge.		y connected?	V/her		X 7725 1	<u> </u>
f this production is commingled with that	from any or	her lease or	pool give	comminal		No				
V. COMPLETION DATA		ici icase oi	pou, gree	continuity.	ing order manie	per;				
Designate Type of Completion	- (X)	Oil Well	•	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/5/91	Date Comp	pl. Ready to	Prod.		Total Depth	07501		P.B.T.D.	L	_1
Elevations (DF, RKB, RT, GR, etc.)	10/9/91 Name of Producing Formation				3750' Top Oil/Gas Pay			3720' Tubing Depth		
3670.2' GE	Queen			3407'		3338'				
		3407'-	3611'					Depth Casin	g Shoe	***
	Т	UBING,	CASIN	G AND	CEMENTIN	NG RECORI)	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"				1285'				425	**************************************
7-7/8"	7-7/8" 5-1/2" 2-3/8"				3750'			700		
2-			8"		3338,					
. TEST DATA AND REQUES				<u></u>				i		
IL WELL (Test must be after re late First New Oil Run To Tank	Date of Tes	iai volume a t	oj ioad oil	and must b	e equal to or e Producine Met	exceed top allow hod (Flow, pur	vable for this	depth or be fo	ər full 24 hou	rs.)
						,, , ,	· · · · · · · · · · · · · · · · · · ·	- 7		
ength of Test	Tubing Pressure				Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL										
ctual Prod. Test - MCF/D	Length of T	csi	 .	71	Bbls. Condenss	ILE/MMCF		Gravity of C	ndener:	
225	24 hrs				0			Gravity of Condensate		
• •	Tubing Pressure (Shut-in)				Casing Pressure	ing Pressure (Shut-in)		Choke Size		
Flowing I OPER A TOP CERTIFICA	62# FTP							7	13/64	
I. OPERATOR CERTIFICATION II hereby certify that the rules and regulate Division have been complied with and the is true and complete to the best of my kn	ions of the C	Dil Conserva	ition	.e	_	IL CONS	M	ATION D		N
ignature J. K. Ripley Tech Assistant					By ORIGINAL ELOPIES BY JERRY SEXTON					
Printed Name 11/18/91		(915)68		8	Title_			· · · · · · · · · · · · · · · · · · ·		
Date		Telenh	one 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.
- 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.