Submit 5 Copies
Appropriate District Office
LISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E.... 189, Minerals and Natural Resources Department.

Form C-104
Revised 1-1-29
See Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.		TOTR	<u>ANSP</u>	ORT O	L AND NA	ATURAL G	···				
Perator Chevron U.S.A., Inc.							Well API No. 30-025-31345				
Address P.O. Box 1150		X 7970	2					020 010			
Reason(s) for Filing (Check proper b New Well Recompletion Change in Operator	Oil	Change i	a Transp Dry G Conde	ias 🔲	□ O	her (Please exp	lain)				
f change of operator give name and address of previous operator					-,						
II. DESCRIPTION OF WE	LL AND LI	EASE					······································	···	· · · · · · · · · · · · · · · · · · ·		
Graham State (NCT-C) Conv. 11 Eumont Y					7B Oues			Kind of Lease State, Federal or Fee State		esse No.	
Location Unit Letter P	<u>. 1055</u>		_ Feet F	rom The Sc	outh Li	ne and 660	F	eet From The	East	Line	
Section 25 Tow	nship	198	Range	36E	1,	імрм,	·····	Lea		County	
III. DESIGNATION OF TR Name of Authorized Transporter of C None	ANSPORTI	ER OF O		ID NATU		we address to w	hich approve	copy of this f	orm is to be s	ent)	
ame of Authorized Transporter of Casinghead Gas or Dry Gas X Warren Petroleum					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					mi)	
If well produces oil or liquids, jive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	?	***************************************	7	
this production is commingled with V. COMPLETION DATA	that from any of	her lease or	pool, giv	ve comming	ling order num	ber:		- usig s	3,1993		
Designate Type of Complete		Oil Well	i	Gas Well X	New Well X Total Depth	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 12/11/91	Date Con	Date Compt. Ready to Prod. 1/5/92				3650'		P.B.T.D. 3600'			
Elevations (DF, RKB, RT, GR, etc.) 3622' GE	DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay 3344'			Tubing Depth 3302'		
Perforations 3344'-3577'								Depth Casing Shoe			
					CEMENTI	NG RECOR		· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE 12-1/4"	CA	CASING & TUBING SIZE 8-5/8"				DEPTH SET 1158'			SACKS CEMENT		
7-7/8"		5-1/2"			3650'			750 625			
	2-3/8"				3302'			023			
. TEST DATA AND REQU IL WELL (Test must be aft	er recovery of to	otal volume		ril and must	be equal to or	exceed top allo	mable for this	depth or be fo	or full 24 hour	z.)	
ate First New Oil Run To Tank	Date of Te	#			Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)			
ength of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								1			
ctual Prod. Test - MCF/D 96	Length of	Length of Test 24 hrs				Bbls. Condensate/MMCF 0			Gravity of Condensate		
eting Method (pilot, back pr.) flowing	Tubing Pre	Tubing Pressure (Shut-in) 80# FTP				Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a	gulations of the ad that the infor	COMP Oil Conserve	LIAN(CE	C	OIL CON	SERVA	TION E	OIVISIO		
is true and complete to the best of m	y knowledge an	d belief.			Date	Approved	j		ŞI	EP 1 0 '9'	
Signature J. K. Ripley Tech Assistant					By ORIGINAL SIGNED BY JERRY SEXTON BISTRIGT I SUPERVISOR						
Printed Name 1/17/92		(915)6	Title 87–71	48	Title						

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.

Telephone No.

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.

Date