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

DISTRICT II

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

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator Chevron U.S.A., Inc.										Well API No.	
Address										30 - 025-06208	
P. O. Box 1150, Midland, TX	79702									120 000	
Reason (s) for Filling (check proper box	)						0.1	· /61			
New Well	Chan	ige in Tran		c		Ш	Othe	(Please ex	xplain)		
Recompletion	Oil	ige iii 11aii		ii: Dry Gas	X						
Change in Operator	Casinghead Ga	ıs	_	Condens							
If chance of operator give name			<u> </u>	- Olidella	ate L						
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LEASE	Well No									
Louise Haine		lame, Ir	Including Formation				Īķ	and of Lease	Lease No.		
Bell Ramsay (NCT-B)	2 Eum				ont Gas					tate, Federal or Fee	Lease No.
Location		<u> </u>	1 <u> </u>	Lumor	t Gas						
										_	
Unit Letter M	:	0660	_Feet Fro	om The	Sout	h	Line	and	660	E E mi	••
Section 33 Township	- 200	_					- 23.110		000	Feet From The	West Line
			Rangi		37E		, NM	PM,	I	∡ea	County
III. DESIGNATION OF TRAI	NSPORTER (	OF OIL	AND N	IATU	RAL GA	S					County
Name of Authorized Transporter of Oil		or Conde	nsate		Add		(Give	address to	which an	moned Cili	<del> <u></u></del>
							(000		у мисн арұ	proved copy of this f	orm is to be sent)
Name of Authorized Transporter of Casin	ghead Gas										
Warren Petroleun Co.	Ignead Gas	i or L	y Gas	X	Addı		(Give	address to	which app	proved copy of this f	orm is to be sent
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	In and	P. O.	DUX	129A I II	ilsa, UK	74102	
give location of tanks.			1,,,b.	rege.	is gas	actually	conne	ected?	When?		
					ŀ	Yes				02/01/0	
If this production is commingled with that	from any other lea	ase or pool	l, give cor	mmingli	ng order n	ımber:				03/01/94	
IV. COMPLETION DATA					8 1.						
Decignote Terral C		Oil Well	Gas V	Well	New Well	Work	over	Deepen	Plugback	- IC- D -	Tissian
Designate Type of Completion Date Spudded				أ				Бесреп	riugback	Same Res'v	Diff Res'v
Date Spudded Date Compl. Ready to Prod.					Total Dept	h			P. B. T. I	<u> </u>	<u> </u>
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation										
					Top Oil/Gas Pay				Tubing Depth		
Peforations									D 16		·
									Depth Ca	isin; g	
HOLE SIZE	TU	BING, CA	ASING A	ND CE	MENTIN	G REC	ORD		<u> </u>		
	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
									<u> </u>		
C THOUSE IN				+					<del> </del>		
V. TEST DATA AND REQUES	ST FOR ALLO	OWABI	LE						<u> </u>		
OIL WELL (Test must be after a Date First New Oil Run To Tank	recovery of total ve	olume of lo	ad oil an	d must l	e egual to	or exce	ed ton	allowahi.	£41		
Aut i list New Orl Run To Tank	Date of Test			I	roducing	Method	eu iop	Flow, pum	n ogs lift	oth or be for full 24	hours)
ength of Test	Tubi D						,	· ·· · · · · · · · · · · · · · · · · ·	<sub>ட</sub> , தபூப்புப், ந	en.)	
	Tubing Pressure				Casing Pressure				Choke Size		
octual Prod. During Test Oil - Bbls.					Votes Di						
					Water - Bbls.				Gas - MCF		
GAS WELL									L		
Actual Prod. Test - MCF/D	Length of Test			F	hls Cond	neate A	O.C.		la		
Maria de la companya					Bbls. Condensate/MMCF				Gravity of	Condensate	
esting Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)				Choke Size		
	<u> </u>				-				CHORE SIZ	ic.	
Thereby certify that the art				1							
I hereby certify that the rules and regulat	tions of the Oil Cor	nservation				(	OIL	CONS	FRVA	TION DIVIO	1011
Division have been complied with and the	nat the information	given abo	ve					110	I V M	LICIA DIVID	ARNO 9 1994
is true and complete to the best of my knowledge and belief.					1						
Ot Kinting						-1-1-1-1	- r Gu			MAR U.9 19.	<del>4</del>
Signature			<del></del>		By _						-
J. K. Ripley T.A.					ORIGINAL CICALE						
Printed Name Title					Title ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
3/3/94		07 71 40					-			ACHER VISION	
Date		87-7148 hone No.									
INSTRUCTIONS: This form is to be	1000	MOHE INU.									

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
- 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.