1900, Hobba, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

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

DESTRICT HI 1000 Rio Brazzo Rd., Azioc, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	T	O TRA	NSP	ORT OIL	AND NA	TURAL GA	ts					
Chevron U.S.A.,						Wolf A						
Address	<u> </u>						30	025	-06810	é		
	Hobbs, l	New Me	exico	88240	)					i		
Research for Piling (Check proper best) New Well			_		Oth	st (Please expl	sin)		··			
Reconsisting	ON (	Desage in [X]	Transp KDry O						<i>a a a</i>	l		
Recompletion U ON MKDry Ges U Change in Operator Casinghest Geo- Casinghest Con-												
if change of operator give name												
IL DESCRIPTION OF WELL A												
J. N. Carson (NCT.	A) Well No. Pool Name, Including							Lease Lease No.				
J. N. Carson (NCT-A) 10 Blinebry Dil & Gas State, Federal ou Foe												
Unit Letter : 1980   Feet From The South Line and 2180   Feet From The East Line												
Section 28 Township 2/5 Range 37 E NMPM, Lea County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
reams of Authorized Transporter of Oil KX or Condensate Address (Give address to which approved copy of this form is to be sent)												
Pride Pipeline Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Box 2436, Abilene, Texas 79604  Address (Give address to which approved copy of this form is to be send)							
warren fit	Come man ess so what approved copy of this form is to be sett)											
well produces oil or liquids, Unit Sec. Twp. Rgs.					le gas actual	-	When					
If this production is commingled with that if	from any other	r lease or			ZJ.E.							
IV. COMPLETION DATA			<b>,</b>	··· oon manage	raf orner moto	<u> </u>				<del></del>		
Designate Type of Completion	- (20)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Ready to	Perod		Total Depth	<u> </u>		1===	<u> </u>	1		
								P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					L	····		Depth Casing Shoe				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI			<del></del>				
THOSE GIES	Wishest Tobing Size					DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	<del></del>	<u> </u>			<u></u>				
OIL WELL (Test must be after n					be equal to or	exceed top all	owable for thi	depth or be	for full 24 hour	s.)		
						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure Choke Size											
					Canag i icas	ui e						
Actual Prod. During Test	Oil - Bbis.				Water - Bbis	· · · · · · · · · · · · · · · · · · ·		Gas- MCF				
CACTION	<u> </u>				<u> </u>							
GAS WELL Actual Prod. Test - MCF/D	Length of T	200			IBUL PLAT	48105		1 <del>4</del>				
	resident of sear				Bbls. Conde	mie/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFIC	ATE OF	COM	Of tat	NCE	<u> </u>			1				
VL OPERATOR CERTIFICATE OF COMPLIANCE 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.												
O are some or my knowledge and select.					Date ApprovedJAN 0 5 1990							
L'AM ans					ORIGINAL SIGNED BY JERRY SEXTON							
Signature C. b. Merrill NM Acco Sunt					By_	By DISTRICT I SUPERVISOR						
Printed Name Title					Title					эŧ		
12-22-99 505/393-4/2/ Date Talephone No.						<del></del>			-			
12-22- 89 Deta	56	5/39 Tel	3-4	//2/ No.	Title				<del></del>			

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.
5) Pill 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.