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

State of New Mexico amergy, Minerals and Natural Resources Departn

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A				
Chevron U.S.A.,	Inc.						30	0-025-0	1681	17	
Address						······································					
	lobbs,	New Me	<u>exico</u>	88240						····	
Reason(s) for Filing (Check proper box)					Oth	st (Please explai	m)				
New Well	O.	Change is			To cor	rect tra	nsporte	r change C	-104	issued	
Recompletion.	Oil							fective 01			
Change is Operator	Caunghe	M Cas _	Conden	me []						·	
if change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE								•	
Lease Name W			Pool N	ame, Includia	g Formation			f Lease	Le	ese No.	
J. N. Carson (NCT-A)				ddoci	:K s			, Federal or Fee			
Location									_		
Unit LetterK	: 20	86	_ Feet Fr	om The $\underline{\mathcal{S}}$	outh Lin	and _200	86 Po	et From The	lest	Line	
2 - 2					_						
Section 28 Townshi	P	215	Range	3	7 E N	MPM,	Le	ia_		County	
III. DESIGNATION OF TRAN	SPODT1	ED OF C	NII AN	D NATII	DAT GAS						
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Shell Pipeline	Cal Concession				P. O. Box 1910, Midland, Texas 79701						
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas 🗍				copy of this form is	10 be se	rd)	
<u> </u>										*	
If well produces oil or liquids,	Unit Sec.		Twp	Rge	Is gas actually connected?		When	When?			
rive location of tanks.	1										
If this production is commingled with that	from any o	ther lease or	r pool, gi	ve comming!	ing order num	ber:					
IV. COMPLETION DATA	 	10, 2			· · · · · · · · · · · · · · · · · · ·			γγ			
Designate Type of Completion	- (X)	Oil We		Gas Well	New Well	Workover	Deepea	Plug Back Sam	e Res'v	Diff Res'v	
Date Spudded		npl. Ready	to Prod.		Total Depth		<u> </u>	P.B.T.D.		<u></u>	
					•			F.B. 1.1.			
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					*	· ::		Depth Casing She	×		
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	c	ASING & T	NG & TUBING SIZE			DEPTH SET			SACKS CEMENT		
											
					ļ						
	- 						<u> </u>				
V. TEST DATA AND REQUE	ST FOR	ALLOV	VARI.F		L		· · ·-	<u> </u>			
OIL WELL (Test must be after					he equal to a	r exceed ton all	wahle for th	is depth or he for fi	II 24 km	1	
Date First New Oil Run To Tank	Date of		,			lethod (Flow, pu			84 84 MA	.,	
						,	1.4	•			
Length of Test	Tubing F	ressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bb	£.			Water - Bbis.			Gas- MCF			
		·····		75 (4							
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Cond	Gravity of Condensate			
	}										
Testing Mothod (pitot, back pr.)	ressure (Sh	Hal-in)		Casing Pressure (Shut-in)			Choke Size				
	_l										
VI. COR CERTIFIC	CATE C	F COM	IPLIA	NCE		OII	1055			A	
I and the rules and regu						OIL CON	ISERV	ATION DI	VI.		
le true and complete to the heat of mu				re	П		; <i>f</i>	Anca -			
is true and complete to the best of my	ICHOW 10080	and belief.			Dat	• Approve	d	AN 1 1	ign		
Mu (amin						ORIGI	NAL SIGN	IED BY JERRY	SEXTS	N	
Signature	·				∥ By_		DISTRIC	r i superviso	K		
C. L. Morrill	NM A	rea Pr		upt.							
Printed Name 01-30-90		(50E) 2	Title	21	Title)	2614	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
Deta	(505) 393-4121 Telephone No.										
				. 441			produced to the				

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.

RECEIVED

JAN 31 1990

OCD HODES OFFICE