Submit 5 Copies
Appropriate District Office **DISTRICT I**

DISTRICT III

P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1000 Rio Brazos Rd., Aztec, NM 87-	410	TO TRA	ANSPOI	RT OF	IL AND N	ATURA	L GAS			
I. Operator								- We	II API No.	
Chevron U.S.	.A., Inc.					···		1	- 025-06833	
Address P.O. Box 115	50, Midland, TX 797	702						_		 -
Reason (s) for Filling (check proper		02				Ot	heı (<i>Please ex</i>	ıplain)		
New Weil		hange in Tra	ansporter (of:		L)	,			
Recompletion	Oil		<u></u>	Dry Gas	· []	EF	FECTIVE 8/1	1/92		
Change in Operator	Casinghead (Gas		Condens	sate					
If chance of operator give name and address of previous operator										
II. DESCRIPTION OF WI	ELL AND LEAS					- 	-			
Lease Name		Well N	Io. Pool !	Name, Ir	ncluding For	mation			d of Lease	Lease No.
The Common (NCT,C)		6	Denre	Stall	Combung				te, Federal or Fee	1
J. N. Carson (NCT-C) Location		<u> </u>	Pemo	Se Skeny	y Grayburg			Fee		1
Lucation										
Unit Letter P		0330	Feet Fr	rom The	South	Lin	ne and	965	Feet From The	East Line
<u> </u>	wnship 21S		Range		37E		ІМРМ,		Lea	County
III. DESIGNATION OF T		(OF OII	L AND	NATU	RAL GA	.s				
Name of Authorized Transporter of C		or Cond	densate		Addre	ess (Gi	ive address to	which appro	oved copy of this f	form is to be sent)
Pride Pipeline Co.				LJ		<u>P.</u>	O. Box 2436,	Ahilene, TX	79604	
Name of Authorized Transporter of C	Casinghead Gas	0	or Dry Ga		Addre					form is to be sent)
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas	actually con	nnected ?	When ?		
give location of tanks.		1	1	1,9	10 B	icluany	inecicu :	Wilei.		
			1			Yes			Unknown	
If this production is commingled with		lease or po	ool, give co	omming	ling order nu					
IV. COMPLETION DATA										
Town of Compl		Oil We	ell Gas	s Well	New Well	Workover	er Deepen	Plugback	Same Res'v	Diff Res'v
Designate Type of Compl					<u> </u>	<u></u>				<u> </u>
Date Spudded	Date Compl.	Ready to ri	rod.	,	Total Depth	1		P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing Forr	mation		Top Oil/Gas	is Pay		Tubing Dep	pth	****
Peforations								Depth Casii	- Chas	
10101411111	—- <u></u>		-					Depui Co	ng Snoe	
					EMENTING			1		
HOLE SIZE		NG & TUBII			DEPTH SET			T	SACKS C	EMENT
				!						
								 -		**************************************
					 			 		
V. TEST DATA AND REQ								1		
OIL WELL (Test must be a	after recovery of total	ıl volume of	f load oil a	ınd must						hours)
Date First New Oil Run To Tank	Date of Test			<i> </i>	Producing N			np, gas lift, etc		
Length of Test	Tubing Pressu				-i-a Drag			T_ : 0:		
· ·	Tuonig 11000.			!	Casing Pres	sure		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF	-	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Tes	et			Bbls. Condensate/MMCF Gra			Gravity of C	7	
										<u></u>
Testing Method (pilot, back pre		_	,		Casing Press	sure (Shut -	· in)	Choke Size		
VI. OPERATOR CERTIFI	CATE OF CON	APLIAN	CE		_ _			Ь		
I hereby certify that the rules and re					ı	OI	L CONS	FRVAT	TON DIVIS	NOI
Division have been complied with	and that the informat	ition given al		1	i				_	11014
is true and complete to the best of r			0 -		Date	Approve	ed	ΑŲ	JG 04'92	
A V Pintage						71.1				
- J. L. Milley					By _	- 04(4)	Hill SIGN	FD BY JET	nov czxkon	
Signature / (/ J. K. Ripley	Toc	· · -1 Acct		1	THE		5 STRICT	I SUPBRY	ASOR	
Printed Name		chnical Assis	stant		Title_		·			
7/29/92	Title	e 5)687-7148								
1142124	(915	. 1087-7148		1						

- 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.

Telephone No

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date