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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

**I.**

Operator Chevron U.S.A. Inc.	Well API No. 30-025-06843
Address P.O. Box 1150, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Eunice King	Well No. 7	Pool Name, Including Formation Hare Simpson	Kind of Lease <del>State</del> Federal or Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>21S</u> Range <u>37E</u> , <u>NMPM</u> , Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>28</u>	Twp. <u>21S</u>	Rge. <u>37E</u>	Is gas actually connected? Yes	When ? unk.

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <u>XX</u>	Gas Well	New Well	Workover <u>XX</u>	Deepen	Plug Back	Same Res'v	Diff Res'v <u>XX</u>
Date Spudded <u>12/17/47</u>	Date Compl. Ready to Prod. <u>12/6/90 (workover)</u>		Total Depth <u>8063'</u>		P.B.T.D. <u>7781'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3447' GR</u>	Name of Producing Formation <u>Simpson</u>		Top Oil/Gas Pay <u>7394'</u>		Tubing Depth <u>7184'</u>			
Perforations <u>7394'-7520' 2 JHPF 90 degree phasing, 226 total holes</u>					Depth Casing Shoe <u>7904</u>			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>unk. 13 3/8"</u>	<u>292'</u>	<u>300sx Circ.</u>
<u>12 1/4"</u>	<u>36# 9 5/8"</u>	<u>2850'</u>	<u>1300sx TOC@ 1625'</u>
<u>8 3/4"</u>	<u>23# 7"</u>	<u>7904'</u>	<u>800sx TOC@ 2985'</u>
<u>-----</u>	<u>tubing --- 2 3/8"</u>	<u>7184'</u>	<u>-----</u>

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <u>12/12/90</u>	Date of Test <u>12/18/90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hr</u>	Tubing Pressure <u>-----</u>	Casing Pressure <u>0</u>	Choke Size <u>N.A.</u>
Actual Prod. During Test	Oil - Bbls. <u>3</u>	Water - Bbls. <u>21</u>	Gas- MCF <u>3</u>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D.M. Bohon  
Signature D.M. Bohon Technical Assistant

1/9/91  
Printed Name (915) 687-7148  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved 1/14/91

By \_\_\_\_\_

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.
- 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.