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

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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							W	a X	71 No.			
Chevron U.S.A., I	inc.							30	0-02	5-06	850	
Address					-							
	lobbs, N	lew Me	xico	88240								
esson(s) for Filing (Check proper box) Other (Please explain)												
New Well	Change in Transporter of: To correct transporter change C-104 issued										icenad	
Recompletion	in December, 1989, effective 01-01-00											
Change is Operator	Casinghead	Gas [Conde	nate 📗			,			0. UI~3	,	
If change of operator give name										· · · · · ·		
	ANDIDA	CF										
II. DESCRIPTION OF WELL !			Prod N	lama Inchesio	ng Formation Ki				d of Lease Lease No.			
J. N. Carson (NCT-A)								Kind of Lease State, Federal of Fee			#10.	
Location	A) 9 Tubb Oil & Gas State, Federal of Fee											
Unit Letter K	. 18:	74	Feet F	men The - C	outh	and _20	0/2	12	Con-The	West		
40		,							crom ine_	TYVJI	Line	
Section 28 Township $2/5$ Range $37E$, NMPM, Lea County												
III DESIGNATION OF TRANSPORTER OF OU AND NATIONAL GAS												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Shell Pipeline							NI)					
Shell Pipeline P. O. Box 1910, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)												
Address (Give adaress to which approved copy of this form is to be sent)											<i>ni)</i>	
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When				?			
rive location of tanks.					Jen !				•			
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA												
Designate Type of Completion	. 00	Oil Well	!	Gas Well	New Well	Workover	Deep		Plug Back	Same Res'v	Diff Res'v	
Data Spudded		Best			Total No		<u></u>		-	<u> </u>	1	
Des Springs	Date Compi	i. Kendy lo	rrod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
(, , , , , ,)					`				Tubing Depth			
Perforations	<u> </u>	Depth Casing Shoe										
Deput Casing State												
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
									- Constant of the control of the con			
V. TEST DATA AND REQUES	T FOR A	HOW	DI F		L							
OIL WELL (Test must be after to					he equal to so	avoard ton all	um Li - d-	_ al.!.	ا عداد	for 6.11 6 4 4		
Date First New Oil Run To Tank	Date of Tes		J 1000	on and must		exceed top and ethod (Flow, pu				or juli 24 hou	73.)	
	or 168	-				(z iow, pu	- (P) (Bee)	.y., et	-4			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
						_						
tual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of 1	est			Bbis. Conden	me/MMCF			Gravity of (ondensate	-	
									one in the contract of			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
							•					
VI. OPERATOR CERTIF	TE OF	COMP	LIA	NCE			t endemon or					
I hereby certify that the rules and re-		DIL C		\$V.	NOIT!	DIVISIO	N					
Division have been complied with				w E #	1065	400						
is true and complete to the best of my !	Date	Approve	d			4 6						
Less and	GRIGINAL SIGNED BY JERRY SEXTON											
Signature	By_	AMPOINT.	L MGN	ED (BY JERRY	SEXTON						
C. L. Morrill	NM Are	a Pro	<u>d.</u> s	upt.	-, -				UPERVIS C		· · · · · · · · · · · · · · · · · · ·	
Printed Name 01-30-90			Title		Title	DAY.		î t	SUPFR	WISOR		
Dete	(5	505) 39	3-41 phose		''''				·			
		1 444	ALC: N	140'	Н	•						

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) 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.

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