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

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		1011	IIVIAS	PUHI	OIL AND N	IATURAL					
Chevron U.S.A. Inc.							\	ali API No. 30-025-08723			
P.O. Box 1150,	Midland.	Tevac	707	702				30-025-0	J8723		
Reason(s) for Filing (Check proper	bax)	TCAGS	191	02					•		
New Well	·	Change	in Tran	sporter of:	Effect:	Other (Please & Lve Date:	oplain)				
Recompletion	Oil	_[Gas [] 01d We1	l Name:I	.ockhari	-"R1"			
Change in Operator If change of operator give name		head Gas [=	denzate [∫ Filed t	o show u	nitizat	ion and	change	- C	
and address of previous operator	Conoco Ir	nc., P.	О. В	ox 195	9. Midlan	d Texas	70702		change	or opera	
II. DESCRIPTION OF W	ELL AND I	FACE			, iizaian	u, lexas	79702	<u> </u>			
reme taxine			2. Pool	Name Incl	uding Formation						
Arrowhead Grayburg	3 Unit	159	_ A	rrowhea	d Graybu	rg		nd of Lease		Lease No.	
Unit Letter F	1.04	οn·									
Out Letter	:198	00	_ Feat	From The	North L	ne and198	0.	Feet From The	West		
Section 1 To	waship 229	S	Rang		265					Line	
III DECICNATION OF THE					1.	ІМРМ,		Lea		County	
III. DESIGNATION OF TI Name of Ausborized Transporter of C	RANSPORT	ER OF C	IL A	ND NAT	URAL GAS						
Texas New Mexico P	or Conde	nsale		Address (Gi	ve address to w	hich approv	ed copy of this form is to be sent)				
Name of Authorized Transporter of	lame of Authorized Transporter of G					1 200 Box 2020, Hobbs, New Mexico 88240					
Texaco Froducing I	HC. Eypi	1 Ps	ch Diy Car [P.O. Box 3000 Tul			proved copy of this form is to be sent) sa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Is gas actually connected?		Whe	okianoma /4102		2	
this production is commingled with V. COMPLETION DATA	that from any or		<u> </u>								
V. COMPLETION DATA	110111 2117 00	net tests of	poot, gi	ve comming	ling order numi	ber:					
Designate Type of Complete	in an	Oil Well		Gas Well	New Well	Workover	1 5				
Date Spudded		<u> </u>	i_		İ	i morrorei	Deepea	Plug Back	Same Res'v	Diff Res'v	
• ****	Date Com	pl. Ready to	Prod.		Total Depth		·	P.B.T.D.	L		
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	mation		Top Oil/Gas Pay						
Criorations					Top one cas ray			Tubing Depth			
NO AUQU					· L	·····		Depth Casing Shoe			
		IIDDIG.							5 0100		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE										
		SASING & TOBING SIZE				DEPTH SET			SACKS CEMENT		
								 			
											
TEST DATA AND REQU	EST FOR A	LOWA	DI C	<u>l</u>							
L WELL (Test must be after	r recovery of load	ul volume of	DLE, Fload oi	l and muse i	ha aassal sa an aa						
te First New Oil Run To Tank	Date of Test				Producing Met	od (Flow, num	vable for this	depth or be for	r full 24 hour	s.)	
ngth of Test					<u>-</u>	, , , , , , , , , , , , , , , , , , ,	A. 9en .à.' e	<i>L.,</i>			
Tubing Pressure					Casing Pressure			Choke Size			
tual Prod. During Test	Oil - Bbls	Oil - Rbls				Water - Bbls.					
					AMEL - DOIL			Gas- MCF			
AS WELL											
nual Prod. Test - MCF/D	Length of Te	et			Bbls. Condensat	e/MMCF		Gravity of Con			
ing Method (pitot, back pr.)								Clavily of Con	ocarate		
ing incured (paor, back pr.)	Inding Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
OPERATOR CERTIFIC	TATE OF C	101 mr									
neredy certify that the rules and mon-	iletiane of the Att			Έ	Oll	CONS	EDVA:	TION D			
hereby certify that the rules and regulations of the Oil Conservation lyinion have been compiled with and that the information given above true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
due and complete to the best of my	knowledge and b	belief.		- 11	Data A	pproved					
NoM. Boho	n	*			Date A	• •					
Dature					Ву	Paul	gned by. Kautz				
D. M. Bohon Technical Assistant					Geologie						
5/28/91		Til 687-71	1.	_	Title						
216		Telepho			- 1,1,1						
••											

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
- 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.