State of New Mexico
Energy, Minerals and Natural Resources Department

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

ISTRICT II .O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		<del> </del>						W	ell A	Pl No.			
Chevron U.S.A. Inc.									30-	-025 <u>-08</u> 73	38		
Address P.O. Box 1150, Midl	land. I	exas	7970	02									
Reason(s) for Filing (Check proper box)						XX Othe	s (Please explai	in)	<u></u>		<del></del>		
New Well		Change in	Trans	porte	er of:	Effective	Date:	///	<b>7</b> /	<i>#</i> 1			
Recompletion 2.7						Id Well Name: State J 2 $\frac{\#1}{}$ Iled to show unitization and change of operator							
Change in Operator	Casingher	d Gas	Cond	en ez		filed to	show uni	.tıza	t 101	n and cn	ange of	operator	
change of operator give name conc	co Inc	., P.O	. Bc	ox_	1959,	Midland,	, Texas	7970	2				
L DESCRIPTION OF WELL	AND LE		Book	N	na Înalistic	- Enmeline		Τĕ	ind o	(Lease	1	ease No.	
Lease Name `Arrowhead Grayburg Uni			Pool Name, Including Arrowhead						State, Bedreat HOFEK				
Location			<u> </u>				<del></del>	••••••••••••••••••••••••••••••••••••••					
Unit LetterB	:660		Feet !	Froa	n The $\frac{No}{}$	rth Line	and 1980	•	_ Fee	et From The _	East	Line	
Section 2 Township	22-	S	Rang	<u>e</u>	36-E	, NR	ирм, Lea	<u>a_</u>	-			County	
II. DESIGNATION OF TRANS	SPORTE	ER OF O	IL A	ND	NATU	RAL GAS							
Name of Authorized Transporter of Oil XX or Condensate  Texas New Mexico Pipeline Co.							Address (Give address to which approved copy of this form is to be sent)						
							P.O. Box 2528, Hobbs, New Mexico 88240  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas vy or Dry Gas Texaco Producing Inc.						P.O. Box 3000, Tulsa, Oklahoma 74102							
If well produces oil or liquids, give location of tanks.	Unit					is gas actually connected?		Ī	When ?				
f this production is commingled with that f	tom say of	her lease or	pool, [	give	commingl	ing order numb	ber:	!_					
V. COMPLETION DATA		Oil Well		Ga	ıs Well	New Well	Workover	Deep	×en	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -			<u>_i</u>			i	1		لَـــــ				
Date Spudded Date Compl. Ready to Prod.						Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
			-	an.	C AND	CELENTE	NC DECOR	<u> </u>					
1101 11 01111	7	TUBING, CASING AND				DEPTH SET				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					DEPIN SET			CACHS CEMENT				
· · · · · · · · · · · · · · · · · · ·													
										<u> </u>			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	· - <del></del>	<u> </u>			-	<u> </u>			
OIL WELL (Test must be after re	ecovery of	total volume	of loa	ıd oi	il and must						for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	est				Producing M	ethod (Flow, pu	urp, gas	lift, d	uc.)			
Leagth of Test	Tubing Pressure					Casing Pressure				Choke Size			
Actual Procl. During Test	ual Proxl. During Test Oil - Bbls.						Water - Bbls.				Gas- MCF		
					<del></del> .	<u></u>		<u></u>		<del>1</del>			
GAS WELL Actual Prof. Test - MCF/D   Length of Test						Bbls. Condensate/MMCF				Gravity of C	Gravity of Condensate		
	Tuking Descript (Shut.in)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Cosmit Licensia (Mineral)							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature						OIL CONSERVATION DIVISION  Date Approved  By Orig. S. 30 (2)  Paul Kautz							
D. M. Bohon <u>Technical Assistant</u> Printed Name <u>Title</u> 5/08/9/ (915) 687-7148						Title							
Date 7/08/1/	()1		ephon		<del></del>								

## 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) Senarate Form C-104 must be filed for each pool in multiply completed wells