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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, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM  | <sup>87410</sup> REC                    |  |              |               | ABLE ANI                  | 7304-2088<br>D AUTHOF | RIZATION         | i                     |  |             |  |
|---|---|--|--------------|---------------|---------------------------|-----------------------|------------------|-----------------------|--|-------------|--|
| I. Operator   |   | TOTA   | ANS          | PORT O        | IL AND N                  | ATURAL C              | SAS              |                       |  |             |  |
| Chevron U.S.A   |   |  |              | ľ             | I API No.<br>D-025-08781  |                       |                  |                       |  |             |  |
| P.O. Box 1150   | Midland, 1                              | TX 7970  | 2            |               |                           |                       |                  | <del></del>           | <del></del>                            |             |  |
| Resson(s) for Filing (Check proper  | box)                                    | ·  |              | <del></del>   |                           | ther (Please exp      | olain)           |                       | ······································ | <del></del> |  |
| Recompletion X  | Oil                                     | Change :   | in Trans     | porter of:    |                           |                       |                  |                       |  |             |  |
| Change in Operator  | Casingh                                 | ead Clas   |              | combe         |                           |                       |                  |                       |  |             |  |
| if change of operator give name<br>and address of previous operator   |   |  |              | <u>[</u> ]    |                           |                       |                  |                       | <del></del>                            |             |  |
| II. DESCRIPTION OF W  | ELL AND LE                              | EASE   |              |               |                           |                       |                  |                       |  | <del></del> |  |
| Lease Name  |   |  |              |               |                           |                       |                  | of Lease No.          |  |             |  |
| J. F. Janda (NCT-F) Location  |   | 14 Jalmat Ga   |              |               |                           |                       |                  | te B-229-1            |  |             |  |
| Unit Letter A   | :660                                    |  | _ Feet F     | rom The N     | orth L                    | ne and 660            | I                | eet From The          | ast                                    | Line        |  |
| Section 4 To  | wnship 2                                | 225  | Range        | 36E           | 1                         | NMPM,                 |                  | Lea                   |  | County      |  |
| III. DESIGNATION OF T   | RANSPORTI                               | ER OF O  | IL AN        | ID NATI       | JRAL GAS                  |                       |                  |                       |  |             |  |
| Name of Authorized Transporter of   | Oil 🔲                                   | or Conde   | nsate        |               | Address (G                | ive address to w      | hich approve     | d copy of this fo     | rm is to be s                          | eni)        |  |
| Name of Authorized Transporter of   | Gas X                                   | Address (Give address to which approved copy of this form is to be sent) |              |               |                           |                       |                  |                       |  |             |  |
| Northern Natural Gas Company  |   |  |              |               | 2223 Dodge, 0             |                       |                  | maha NE 68102         |  |             |  |
| ive location of tanks.  |   |  |              | 1             | Voc                       | ly connected?         | When             | 10/4/91               |  |             |  |
| this production is commingled with V. COMPLETION DATA   | that from any of                        | er lease or  | pool, giv    | ve comming    | ling order nun            | ıber:                 |                  | 10/4/91               | <del> </del>                           |             |  |
|   |   | Oil Well   | <del>-</del> | Gas Well      | New Well                  | Workover              | 1 -              | )                     |  |             |  |
| Designate Type of Comple  |   | i  | i            | X             | I MEM MEII                | Mourovet              | Deepen           | Plug Back S           | ame Res'v                              | Diff Rea'v  |  |
| Date Spudded  | Date Com                                | pl. Ready to   |              |               | Total Depth               | ^^^                   | <del></del>      | P.B.T.D.              |  |             |  |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |   |  |              |               | 3860' Top Oil/Gas Pay     |                       |                  | 3666'                 |  |             |  |
| 3780' GR Yates 7R   |   |  |              |               | 3179'                     |                       |                  | Tubing Depth 3124'    |  |             |  |
| 3179'-3560'   |   |  |              |               |                           |                       |                  | Depth Casing Shoe     |  |             |  |
|   | Ţ                                       |  |              |               | CEMENTI                   | NG RECORI             | <u> </u>         | <u> </u>              |  |             |  |
| HOLE SIZE   | CAS                                     | CASING & TUBING SIZE   |              |               |                           | DEPTH SET             |                  |                       | SACKS CEMENT                           |             |  |
| 12-1/4"<br>7-7/8"   |   | 8-5/8"   |              |               | 419'                      |                       |                  | 325 sx                |  |             |  |
| 1-1/8   | 5-1/2"                                  |  |              |               | 3859'                     |                       |                  | 1350 sx               |  |             |  |
| 2-3/8"  |   |  |              |               | <u> </u>                  | 3124'                 |                  | <u> </u>              | -                                      |             |  |
| TEST DATA AND REQU  |   |  |              |               |                           |                       |                  | l                     | <del></del>                            | <del></del> |  |
| IL WELL (Test must be af<br>ate First New Oil Run To Tank   | ter recovery of tol                     | al volume o  | f load o     | il and must l | be equal to or            | exceed top allow      | wable for this   | depth or be for       | full 24 hour.                          | f.)         |  |
|   | Date of 16s                             | •  |              |               | Liouncing Me              | thod (Flow, pur       | rip, gas lyt, el | (c.)                  |  |             |  |
| ength of Test   | Tubing Pres                             | Tubing Pressure  |              |               | Casing Pressure           |                       |                  | Choke Size            |  |             |  |
| ctual Prod. During Test   | Oil - Bbls.                             | Oil - Bbls.  |              |               | Water - Bbls.             |                       |                  | Gas- MCF              |  |             |  |
| 1. A STORY .  |   |  |              |               | <del></del>               | <del></del>           |                  |                       |  |             |  |
| AS WELL  chial Prod. Test - MCF/D   | 11 2 2 2                                |  | <del></del>  |               |                           |                       |                  | ٠                     |  | <del></del> |  |
| 230   | Length of 1                             | Length of Test 24 hrs  |              |               | Bbis. Condensate/MMCF  0  |                       |                  | Gravity of Condensate |  |             |  |
| ting Method (pitot, back pr.)   | Tubing Pres                             | Tubing Pressure (Shut-in)  |              |               | Casing Pressure (Shut-in) |                       |                  | Choke Size            |  |             |  |
| Flowing   |   | 110# FTP   |              |               |                           |                       | 18/64            |                       |  |             |  |
| L OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m | gulations of the County that the inform | il Conserva  | tion         | CE            | C                         | OIL CONS              | SERVA            | TION DI               | VISIOI                                 | V           |  |
| O.K. Rinley-  |   |  |              |               |                           | Approved              |                  |                       | <del></del>                            | <u> </u>    |  |
| Signature Took Applean  |   |  |              |               | By Co - Co Con Con Con    |                       |                  |                       |  |             |  |
| J. K. Rîpley / Tech Assistant Printed Name Title  |   |  |              |               |                           | · ***                 |                  |                       |  |             |  |
| 10/10/91<br>Date  |   | (915)68<br>Teleph  |              | 18            |                           |                       | <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) Separate Form C-104 must be filed for each pool in multiply completed wells.