

DISTRICT I
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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

I.

Operator Chevron U.S.A., Inc.	Well API No. 30 - 025-08890
Address P. O. Box 1150, Midland, TX 79702	
Reason (s) for Filling (check proper box) <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator </div> <div> <input type="checkbox"/> Change in Transporter of: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas </div> <div> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate </div> </div> </div> <div> <input type="checkbox"/> Other (Please explain) </div> </div>	
If chance of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Arrowhead Grayburg Unit	206	Arrowhead Grayburg		
Location				
Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line				
Section <u>12</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="checked" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
EOTT Oil Pipeline Co., Texas-New Mexico Pipeline					P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or D y Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Co.						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	Unknown

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

IV. COMPLETION DATA

17. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
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			
Peforations							Depth Casin; g			
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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.

	
Signature	
J. K. Ripley	T.A.
Printed Name	Title
1/27/94	(915)687-7148
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1994

By _____ Orig. Signed by
Paul Kautz
Title _____ Geologist

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.

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FEB 11 1994

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