Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240

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

DISTRICT III

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

UU KIG BIZZOS Kd., AZIEC, NM 87410						LE AND A		AS	_			
Operator Chevron U.S.A. Inc.							Well API No. 30-025-08890					
Address P:0. Box 1150, Midland	i, Texa	as 797	702					<u>\</u> _	0-020-000			
Resson(s) for Filing (Check proper box) New Well Recompletion Chasge in Operator Chasge of operator Example	Oil Casinghe	Change in	Dry (Cond	Gas Jennate		Effectiv Old Well Filed to	Name : show un	6/1/9/ State l itizati	57 D #1 on and ch		operato	
ad address of previous operator <u>AR(</u>			as Co	o., P	.0.	Box 161	O, Midla	nd, Tex	<u>as 79702</u>		!	
L DESCRIPTION OF WELL A Lease Name Arrowhead Grayburg 1	Well No. Poot Name, Includin							of Lesse Federakor:Par				
Unit Letter <u>L</u>									ect From The _	West	Line	
Section 12 Township				36-			APM, Le	a			County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil Shell Pipeline	RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701											
Name of Authorized Transporter of Casing	head Gas 🔀 or Dry Gas 🛄				Address (Giw	e address to w	hich approve	d copy of this fo	copy of this form is to be sent) Oklahoma 74102			
Warren Petroleum Co. M weil produces oil or liquids, give location of tanks.	Ueit	Sec.	Twp.		Rge.	le gas actually		When		na 7410		
f this production is commingled with that f V. COMPLETION DATA	rom any of			give com		ing order sumi	ver:	Deepes	Phue Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		Oil Wel	<u> </u>		eu			Deches	<u> </u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations									Depth Casin	g Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET				SACKS CEMENT		
						 				<u></u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW	ABL	E		he could to co	exceed top a	lowable for t	his depth or be	for full 24 hos	~ 3.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of 1					Producing M	ethod (Flow, p	nump, gas lift	, etc.)			
Leagth of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oll - Bbis.				Water - Bbla.			Gas-MCF	Cas- MCF			
GAS WELL Actual Frod. Test - MCF/D	Length	af Test				Bbis. Conde	assie/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-Is)			Choke Size	Cioke Size			
Testing Method (pitot, back pr.)									l			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved							
D. M. Bohon					By Paul Kautz							
Signature D. M. Bohon <u>Technical Assistant</u> Printed Name <u>This</u> 5/28/9/ (915) 687-7148					Title							
Date		T	'elepho			Rule 1104						

INSTRUCTIONS: This form is to be filed in complian e with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordanc with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I. II. III. and VI for changes of operator, well name or number transporter or other such changes.

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