

Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources I

# OIL CONSERVATION DIVISION

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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30-025-26534
Address P. O. Box 1150, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 209	Pool Name, including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22S</u> Range <u>36E</u> , <u>NMPM</u> , Lea County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Texaco Producing Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 10/2/92

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 10/2/92	Total Depth	P.B.T.D. 4050'					
Elevations (DF, RKB, RT, GR, etc.) 3481' GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3743'	Tubing Depth 3944'					
Perforations 3743'-3923'			Depth Casing Shoe --					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
No New Casing	2-7/8"	3944'						

## 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 10/3/92	Date of Test 11/13/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 40#	Choke Size W.O.
Actual Prod. During Test 50	Oil - Bbls. 1	Water - Bbls. 49	Gas - MCF 54

### GAS WELL

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

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

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  
Printed Name  
J. K. Ripley  
Date  
11/19/92  
T.A.  
Title  
(915) 687-7148  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved  
NOV 23 1992  
By  
Paul Kautz  
Geologist  
Title

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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