Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Depart.

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANS	PORT	OI	L AND NA	ATURAL G	SAS				
perator Chevron U.S.A., Inc.						Well API No.						
Address				30-	025-314	117						
	dland, T	X /9/0										
Reason(s) for Filing (Check proper box) New Well X		Channa i	- T			∐ 0	her (Please exp	slain)				
Recompletion	Oil	Change	_	sporter of:								
Change in Operator	Casinghe	est Coe C	, ·	densate	<u> </u>							
If change of operator give name	Canigra	ad Oas [<u> </u>	increwe [=							
and address of previous operator	······											···
II. DESCRIPTION OF WELL	AND LE	EASE										
Lease Name	Well No. Pool Name, Include								kind of Lease			Lesse No.
Arrowhead Grayburg Unit	155 Arrowhead G					**************************************			ate.			
Location												
Unit Letter F	<u> : 1980</u>		_ Feat	From The	NC	orth Li	ne and 2276	·	_ Fee	t From The	West	Line
Section 2 Townshi	p 2	228	Ran	ge 36E		,N	МРМ,			Lea		County
III DECICIATION OF TRAN	ODODO	TD 00 0	** .	3100 3141	***	D. I. G. G						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NA	IU			tist same		ana afakia	form in to be	
Name of Authorized Transporter of Oil Texas New Mexico Pipeline or Condensate Or Condensate P. O. Box 2528, Hobbs, NM 88240											•	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Texaco Expl & Prod Inc.						P. O. Box 3000, Tulsa, OK 74102						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. R	lge.	is gas actual	ly connected? Yes	l W	hen 7		/11/92	
f this production is commingled with that	from any of	her lease or	pool,	give comm	ingl	ing order num	ber:					
V. COMPLETION DATA	·											
Designate Type of Completion	- (X)	Oil Well		Gas Well	l 	New Well	Workover	Deepe	a 	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to Prod.					Total Depth				P.B.T.D.		
5/19/92	6/12/92					4020' Top Oil/Gas Pay				4009'		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3553° GE Grayburg						3976'				Tubing Depth 3996'		
Perforations										Depth Casing Shoe		
		3976'-			_							
HOLE OUT	TUBING, CASING AND									SACKS CENERAL		
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"					DEPTH SET 1320'				SACKS CEMENT 900		
7-7/8"						4020'			-	1285		
7-770	5-1/2" 2-7/8"					3996'				1200		
						**			\neg			
. TEST DATA AND REQUES	T FOR A	LLOWA	BLI	E	************							
IL-WELL (Test must be after re	covery of 10	stal volume	of load	d oil and m	ust						for full 24 ho	urs.)
Date First New Oil Run To Tank 6/12/92	Date of Test 6/12/92					Producing Me	ethod (Flow, pu			.)		
ength of Test						pumping Casing Pressure				Choke Size		
24 hrs	Tubing Pressure 35#				35#				w.o.			
ectual Prod. During Test	Oil - Bbls.				Water - Bbls.			- 1	Gas- MCF			
119	1				118				41			
GAS WELL												
uctual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate		
					!							
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
T OPERATOR CERTIFICA	ATE OF	COMP	T T A	NCF		[1.			
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						(DIL CON	ISER '	VA	TION I	DIVISIO	NC
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date	Approve	d				
OVO												
A. K. KIPULY						By_						
J. K. Ripley		Tech /		stant		-,-						
Printed Name 6/18/92		(915)6	Title	7149		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.

Telephone No.

- 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.

Date