

State of New Mexico  
Energy, Minerals &  
Natural & Resources Dept.

Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87501

Gas  
Supplement  
No.: SE 6269  
Date: 11-1-90

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection \_\_\_\_\_ Date of First Allowable or Allowable Change 11-1-90  
Purchaser Northern Natural Gas Pool Eumont  
Operator Chevron USA Inc. Lease \*Graham St.NCT-E & H.T.Orcutt NCT-A  
Well No. \* #2 & #1 Unit Letter R & N Sec. 6 & 5 Twn. 21 S Rge. 36 E  
Dedicated Acreage \*240 & 160 Revised Acreage 400 Difference 0  
Acreage Factor \*1.50 & 1.00 Revised Acreage Factor 2.50 Difference 0  
Deliverability \_\_\_\_\_ Revised Deliverability \_\_\_\_\_ Difference \_\_\_\_\_  
A x D Factor \_\_\_\_\_ Revised A x D Factor \_\_\_\_\_ Difference \_\_\_\_\_

\*Proration units combined by R-9329

\*Lease Names & well numbers changed as follows:

Graham St.NCT-E #2 to--Graham Orcutt Gas Com #1 3' \_\_\_\_\_ OCD Dist. No. I

H.T.Orcutt NCT-A #1 to--Graham Orcutt Gas Com #3 2'

This is now a MWU

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

| MO. | PREV. ALLOW. | REV. ALLOW. | PREV. PRCD. | REV. PROD. | REMARKS |
|-----|--------------|-------------|-------------|------------|---------|
| Apr |              |             |             |            |         |
| May |              |             |             |            |         |
| Jun |              |             |             |            |         |
| Jul |              |             |             |            |         |
| Aug |              |             |             |            |         |
| Sep |              |             |             |            |         |
| Oct |              |             |             |            |         |
| Nov |              |             |             |            |         |
| Dec |              |             |             |            |         |
| Jan |              |             |             |            |         |
| Feb |              |             |             |            |         |
| Mar |              |             |             |            |         |
| Apr |              |             |             |            |         |
| May |              |             |             |            |         |
| Jun |              |             |             |            |         |
| Jul |              |             |             |            |         |
| Aug |              |             |             |            |         |
| Sep |              |             |             |            |         |
| Oct |              |             |             |            |         |
| Nov |              |             |             |            |         |
| Dec |              |             |             |            |         |
| Jan |              |             |             |            |         |
| Feb |              |             |             |            |         |
| Mar |              |             |             |            |         |

TOTALS

Allowable Production Difference.....

Schedule O/U Status.....

Revised \_\_\_\_\_ O/U Status.....

Effective In \_\_\_\_\_

Current Classification \_\_\_\_\_

Schedule \_\_\_\_\_

To \_\_\_\_\_

Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By \_\_\_\_\_

Submit 5 Copies  
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 Department

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<br>Chevron U.S.A. Inc.  |   | Well API No.<br>30-025-04505   |
| Address<br>P.O. Box 670, Hobbs, NM 88240   |   |  |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) |   |  |
| New Well <input type="checkbox"/>  | Change in Transporter of:   |  |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               | Change well name from Graham State (NCT-E) #2 to Graham Orcutt Gas Com #3. |
| Change in Operator <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<br>Graham Orcutt Gas Com   | Well No.<br>3 | Pool Name, including Formation<br>Eumont Yates/Queen | Kind of Lease<br><u>State</u> , Federal or Fee | Lease No. |
| Location  |               |  |  |           |
| Unit Letter <u>R</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line |               |  |  |           |
| Section <u>6</u> Township <u>21S</u> Range <u>36E</u> , <u>NMPM</u> , <u>Lea</u> County                           |               |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |        |
|---|--|--------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |        |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |        |
| If well produces oil or liquids, give location of tanks.  |  | Unit   |
|   |  | Sec.   |
|   |  | Twp.   |
|   |  | Rge.   |
| Is gas actually connected?  |  | When ? |

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.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| 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 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.

M. E. Akins 6/24/90  
Signature  
M. E. Akins Staff Dirg. Engr.  
Printed Name  
6-19-90 505-393-4121  
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 01 1990

Date Approved  
By Paul Kautz Orig. Signed by  
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.