Submit 5 Copies Appropriate District Office **DISTRICT 1** P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Departmer

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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

Operator Chaupon II S. A. I.			<del></del>			<del></del>		- IW	ell API No.		
Chevron U.S.A., Inc. Address						·			30 - 025-04537		
P. O. Box 1150, Midland, TX Reason (s) for Filling (check proper box,	79702										
New Well  Change in Transporter of:  Other (Please explain)											
Recompletion Change in Change	Oil			of: Dry Ga	s X						
Change in Operator  If chance of operator give name	Casinghead	Gas		Conden							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA										
Well No. Pool Name,					, Including Formation				id of Lease	Lease No.	
H. T. Orcutt (NCT-C) Com "A" 8 Eum					ont Gas				te. Federal or Fee	}	
						<u> </u>		<del></del> _		I	
Unit Letter B : 0660 Feet From The North Line and 1980 Feet From The								East Line			
Section 06 Township	111216				36E , NMPM,				Lea		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the control of the Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the case of the Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the Casinghead Gas or Dy Gas X Address (Give address to which approved cornected in the Casinghead Gas (Give address to which approved cornected in the Casinghea											
Warren Petroleun Co.  If well produces oil or liquids,					P. O. Box 1589.		(1589, Tu	o which approved copy of this form is to be sent) ulsa, OK 74102			
give location of tanks.	Onn	Sec.	Twp.	Rge.	. Is gas a	Is gas actually connected		When ?			
If this production is commingled with the		<del></del>		<u> </u>	Yes			03/01/94			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ol, give $\alpha$	omming	ling order nu	ımbe <u>r:</u>					
		Oil W	ell Gas	Well	New Well	Workover	Deepen	Plugback	Ic		
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod			Prod				Deepen	Tugoack	Same Res'v	Diff Res'v	
					Total Depth			P. B. T. D.			
	Name of Proc	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Peforations Depth Casin; g											
	EMENTING	RECORD			., 5						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
	<del> </del>								<del></del>		
V. TEST DATA AND REQUES	T FOR AL	LOWAI	BLE		<u> </u>		<del></del>				
OII. WELL (Test must be after r Date First New Oil Run To Tank	Pete of Total	l volume of	load oil a	nd must	be equal to	or exceed top	allowable i	for this denth	or he for full 24 L		
240011031					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Press	sure		Choke Size	<del></del>		
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls			Gas - MCF			
GAS WELL	<u></u>							Gas - MCF			
Actual Prod. Test - MCF/D	F/D Length of Test				Bhls Conde	neeto MMCT					
esting Method (pilot, back press.)	Tuhing Pressu				Bbls. Condensate/MMCF  Casing Pressure (Shut - in)			Gravity of C	Gravity of Condensate		
	Tubing Pressure (Shut - in)							Choke Size			
I hereby certify that the rules and regulation	inne fal olla										
Division have been complied with and th	at the informati	ion given al	on bove			OIL	CONS	ERVAT	ION DIVISI	ON	
is true and complete to the best of my knowledge and belief.					Date ApprovedMAR 0 9 1994						
A.K. Kipley					Ву	1-1			MAR	0 3 1994	
J. K. Ripley T.A.					ODICINIAL CIANTED AND INC.						
Printed Name Title					CIRIGINAL SIGNED BY JERRY SEXTON						
73/3/94 (915)687-7148 Date Telephone No.							CIRIG		IED BY JERRY T I SUPERVISC	_	
INSTRUCTIONS: This form is to be f	iled in complia	nce with n	). Pulo 1104					אוכוע			

- INSTRUCTIONS: This form is to be filed in compilance with Kuie 1104

  1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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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