

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

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.
Operator
Chevron U.S.A., Inc.
Address
P. O. Box 1150, Midland, TX 79702
Well API No.
30 - 025-04746
Reason (s) for Filling (check proper box)
New Well ☐ Other (Please explain) ☒
Recompletion ☐
Change in Operator ☐ Change in Transporter of:
Oil ☐ Dry Gas ☒
Casinghead Gas ☐ Condensate ☐
EFFECTIVE FEBRUARY 1, 1994
If chance of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Arnott Ramsay (NCT-C)
Well No.
13
Pool Name, Including Formation
Eumont Gas
Kind of Lease
State, Federal or Fee
Lease No.
Location
Unit Letter **F** : **1980** Feet From The **North** Line and **1980** Feet From The **West** Line
Section **21** Township **21S** Range **36E**, NMPM, **Lea** County

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 Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.
P. O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
Yes **02/01/94**
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 Plugback 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
Corrosions Depth Casing g
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
Flowing Method (pilot, back press.) Tubing Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size

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.
J. K. Ripley
Signature
J. K. Ripley T.A.
Printed Name
2/2/94 Title
Date
(915)687-7148
Telephone No.
OIL CONSERVATION DIVISION
Date Approved
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.