

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <b>CHEVRON U.S. A., INC.</b>	Well API No. <b>30 - 025-04748</b>
Address <b>P. O. BOX 1150, MIDLAND, TX 79702</b>	
Reason (s) for Filling (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 chance of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Arnett Ramsay (NCT-C)</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>Eumont Yates 7R Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location Unit Letter <b>P</b> : <b>0660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>21</b> Township <b>21S</b> Range <b>36E</b> , NMPM, Lea 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1589, Tulsa, OK 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					<b>Yes</b>	<b>03/10/93</b>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
		<b>X</b>				<b>X</b>		
Date Spudded	Date Compl. Ready to Prod. <b>10/22/92</b>		Total Depth <b>3885'</b>		P. B. T. D. <b>3727</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3582' GE</b>	Name of Producing Formation <b>Queen</b>		Top Oil/Gas Pay <b>3568'</b>		Tubing Depth <b>3475'</b>			
Formations <b>68'-3689'</b>					Depth Casing Shoe			
HOLE SIZE								
TUBING, CASING AND CEMENTING RECORD								
Casing & Tubing Size			Depth Set			Sacks Cement		
No New Casing								

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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure	Casing Pressure
Choke Size	
Oil - Bbls.	Water - Bbls.
Gas - MCF	

AS WELL

Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>--</b>
Tubing Pressure (Shut - in) <b>150# FTP</b>	Casing Pressure (Shut - in)	Choke Size <b>23/64</b>

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.

*J. K. Ripley*  
Signature  
**J. K. Ripley**  
Printed Name  
**2/11/92**  
Date  
**T. A.**  
Title  
**(915)687-7148**  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 17 1993**

By **ORIGINAL SIGNED BY JERRY GEXTON**

Title **DISTRICT SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C - 104 must be filed for each pool in multiply completed wells.