STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

BRUCE KING

POST OFFICE BOX 1980 HOB 35, NEW MEXICO 88241-1980 (505) 393-6161

April 27, 1994

Chevron USA Inc. ATT: Rory Matthews P O Box 1150 Midland, TX 79702

RE: Reclassification of Well W.A.Ramsay NCT-A #29 Unit P, Sec.27, T-21S, R-36E Eumont Yates SR-QN Pool

Gentlemen:

The annual Gas-Oil Ratio Test for the above referenced well indicated the well should be reclassified from an oil well to a gas well in the Eumont Pool, with the oil allowable being cancelled effective July 1, 1994. The production report (C-115) shows this well to be SHUT-IN.

If this test does not reflect the proper classification of this well, please submit a re-test by May 11, 1994.

If the well is to be reclassified from oil to gas you will need to submit the following:

- 1.) C-102 acreage dedication plat for the well, outlining a standard 640 acres proration unit or application for a NSP.
- 2.) C-104 showing reclassification from oil to gas effective July 1, 1994 and indicating transporters of condensate & dry gas the well.
- 3.) Indicate if gas well gas is separately metered.

If you have questions concerning the above, please contact Donna at (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton

Supervisor, District I

JS:dp



STATE OF NEW MEXICO ENERGY, MINERALS, AND NATURAL RESOURCES DEPARTMENT

FORM C-116 REVISED 1/1/89

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87504-2

SUBMIT 2 COPIES TO
APPROPRIATE DISTRICT OFFICE
DISTRICT I P.O. BOX 1980, HOBBS NM 882.
DISTRICT II -

1980, HOBBS NM 88240 II -

OPERATOR:

P.O. BOX 688 E

INC.

EUNICE, NEW MEXICO 88231

DISTRICT 2000 RIO

BRAZOS RD., AZTEC, NM 87410

U.

O. DRAWER DD.

ARTESIA, NM 99210

BOX 2088 MEXICO 87504-2088

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GAS-OIL RATIO TEST

POOL: EUMONT COUNTY_ SCHEDULE

COMPLETION

SPECIAL

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DURING GAS-OIL RATIO TEST, EACH WELL SHALL BE PRODUCED AT A RATE NOT EXCEEDING THE TOP UNIT ALLOWABLE FOR THE POOL IN WHICH THE WELL IS LOCATED BY MORE THAN 25 PERCENT. OPERATOR IS ENCOURAGED TO TAKE ADVANTAGE OF THIS 25 PERCENT TOLERANCE IN ORDER THAT WELL CAN BE ASSIGNED INCREASED ALLOWABLES WHEN AUTHORIZED BY THE DIVISION. GAS VOLUMES MUST BE REPORTED IN MCF AT 15.025 PSIA AND A TEMPERATURE OF 60 DEGREES F. SPECIFIC GRAVITY BASE WILL BE 0.60.

REPORT CASING PRESSURE IN LIEU OF TUBING PRESSURE FOR ANY WELL (SEE RULE PRODUCING THROUGH CASING. 1116 AND APPROPRIATE POOL RULES.)

> I HEN AND F AND COMPLETE TO THE BEST BELIEF. INFORMATION

NAME à TITLE TELEPHONE 12-17 Š V

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Submit 2 copies to 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

Form C-116 Revised 1/1/89

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

GAS - OIL RATIO TEST

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nstructions:

order that well can be assigned increased allowables when authorized by the Division. which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in

Specific gravity base will be 0.60. Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

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3443133 Telephone No.	3/15/94 Date
Production Specialist	D.R. John L.S. Printed name and title
	D.K. Tennins S

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

OPERATOR'S MONTHLY REPORT Form C-I15 - Revised 1/1/93 See Distribution and Code Information Bottom of Page

Address P.O. BOX J, SECTION 975, CONCORD, CA. Zip 94524

For Month, Year DECEMBER 1993 Page 291 of ___

or Operator CHEVRON USA, INC.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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SIGNATURE

P.O. Diaker DD, Ameria, NM 88210 DISTRICT 1
P.O. Box 1980, Hebbs 11M 88240 DISTRICT III 1000 Rio Brazo Pd. Astec. NM 87410

Company or Operator CHEVRON USA,

NO.

Address P.O. BOX J, SECTION 975, CONCURD, CA Zip 94524

For Month,

Year JANUARY 1993

Page

282

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State of New Mexico Energy, Minerals and Natural Resources Department

OPERATOR'S MONTHLY REPORTED TO THE PORT OF THE PORT OF

Information Boltom of Page

CONSERVATION DIVISION

Santa Fc, New Mexico 87504-2088

ΑĽ POOL NAME (Underline) One Copy to Transporter(s) One Copy OCD Dist. Office in which lesse is bested DISTRIBUTION Original OCD Santa to 26 E 34 21S 30-025-04797 19 135 218 36E 30-025-04923 succeeding month DATE DUE 30 025-04803 39 1 2 30-025-04902 30-025-04899 30 025 04903 30-025-04905 30-025-04896 30-025-04907 30-025 04908 30-025-04910 To be postmarked by 24th day of next 30-025-04926 29 # WELL NO. UNIT SEC. TWP RMG $\frac{36}{1-025\cdot 04795}$ ب ز د 30 25 *Lease Name NAME - Include State Land Number of Federal Le-K 34 21S .1 24 215 G 34 21S 36E H 27 D 35 218 36E 1 27 21S 36E L 34 21S P 27 21S A 34 21S 34 21S 36E 218 218 36E 36.5 36E 36E 36E 36E 36E 36E Þ S ū S Þ ---b J S ಬ VEL. T S P VOLUME INJECTION STATUS CODE Pumping Pumping ...Gas Lift Shur In Temp Abandoned Discontinued Injection 0 0 Ó 0 :> 0 0 0 0 0 0 0 ie Number PRESS. = 0 0 0 0 \Rightarrow 0 9 С \circ BARRELS OIL/COND. DIMER. **=** -PRODUCED 111 GAS DISPUSITION CODE 46 16 Prossure Maintenance Explanation Attached Repressuring or .Used Off Lease { on Used for Orilling { form C-111 25 26 69 Gas Lift 32 InciMff Estimated) 0 C 0 0 0 0 **PRODUCTION** OF WATER BARRFLS 310 222 124 54 85 38 3 0 0 0 0 GAS PRODUCED (MCF) TOTHER OIL DISPOSITION CODE = \Box Э 0 Ċ 2 ≎ $\overline{}$ 0 0 0 c . Theft 0.51 Explanation Attached .Circulating Oil Sedimentation (BS & W) DAYS PROD. 3 31 4 3 يد Ξ. :: 0 Ċ 0 0 0 DISPOSITION OF GAS SOLD TRANS POR-TFR TYPED NAME T HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE SIGNATURE OTHER 0 0 OIL ON
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