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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions

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

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

DISTRICT III
1000 Rio Brizza Rd., Aziec, NM 17410
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						TURAL GA					
Operator Chevron U.S.A. Inc.	- AND IVA	I OI IAL GA	Well 7	Pl No.							
Address				·			30-	025-049	30		
P:O. Box 1150, Midlan	d, Texa	as 797	702		_				•		
Resson(s) for Filing (Check proper box) New Well						et (Please expla					
Recompletion	Oit	Change is	Dry C			e Date: Name :H			CT-C) #3		
Change in Operator 🗵	Casinghe	rd Cas	• •			show un				w el l name	
If change of operator give name and address of previous operator		<u></u>							 		
IL DESCRIPTION OF WELL	AND LE	ASR						•			
Lease Name		Well No. Pool Name, Including					Kind o	Kind of Lease State, Federal or Fee		ass No.	
Arrowhead Grayburg Uni	τ	120	Ai	rownead	Graybur	g	3000,	XXXXXXX	<u>'</u>		
Unit Letter: E	1980) .	, Feat F	rom The No	rth_Line	and _660_	Po	et From The .	West	Line	
Section 36 Township	21-5	5		36-E		eme Le					
Secon (OWERI)	<u> </u>		Range		, No	APM, Le				County	
III. DESIGNATION OF TRAN	SPORTE			ID NATU		· · · · · · · · · · · · · · · · · · ·					
Name of Authorized Transporter of Oil Shell Pipeline							• •	topy of this form is to be sent) , Texas 79701			
Name of Authorized Transporter of Casing	head Gas	ed Gas or Dry Gas				address to wh	ich approved	copy of this form is to be zent)			
Warren Petroleum Co.	• • • • •				·			Oklahoma 74102			
If well produces oil or liquids,	Ualt N	Sec. 36	21s	36E	is gas actually	consected?	When	7 Unk.			
If this production is commingled with that i	from any oth	er lease or	pool, gi	ve comming			· · · · · · · · · · · · · · · · · · ·				
IV. COMPLETION DATA		Ton W.		G. Flat	New Well	Workover	Deepes	Dhua Dagle	Same Res'v	Diff Rery	
Designate Type of Completion	- (X)	ON Wei	' ¦	Gas Well	I LIEM MEN	M CHEDVEL	Deepes	Link Dack	Saline Res v	Jili KESV	
Date Spudded	Date Com	pl. Ready i	. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gae Pay			Tubing Depth				
Perforations								Depth Casi	il 2004		
TUBING, CASING ANI					CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 										
V. TEST DATA AND REQUES	T FOR	T T AW	A B I E								
V. TEST DATA AND REQUES OIL WELL (Test must be after to	covery of u	stai volume	ADLE of load	I oil and must	be equal to or	exceed top allo	mable for this	depth or be	for full 24 hour	rz.)	
OIL WELL (Test must be after recovery of total volume of load oil and mu Date First New Oil Run To Tank Date of Test					Producing Me	ethod (Flow, pu	mp, gas lift, e	itc.)			
Length of Test Tubing Pressure			·	Casing Press	ire		Choka Size				
Penkar of regr	Tuotag Freesine							O Doe			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF				
	<u> </u>			•				1			
GAS WELL Actual Prod. Test - MCF/D	Leagth of	Test		·	Bbls. Coades	sate/MMCF		Cravity of	Condensate		
Vermet 110m 10m - Name in					Casing Presence (Shut-in)			Choice Size			
Testing Method (pitot, back pr.)	Tublag Pressure (Shut-is)										
LIT OPEN LEON GENERAL	A TE O	2001	DE TAI	NCB	<u> </u>			1			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				NCB		OIL CON	ISERV	ATION	DIVISIO)N	
Division have been compiled with and that the information gives above it true and compile to the best of my knowledge and belief.					Date Approved MAY 3 1 1991						
	monace .				Date	Approve	d IMM		191		
J.M. Bohon					By_	Orig. Si	gned by				
Signature D. M. Rohon Technical Assistant					By Orig. Signed by Paul Kautz Geologist						
Printed Name 5 / 28 / 9/.	(915)	687-714	Title 48		Title	- Carrier		·			
Date			ephone	No.	11						

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

RECEIVED

MAY 2 9 1991

O#8 HOBBS OFFICE