Submit 5 Caples
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbe, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Astesia, NM \$8210

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

OIL CONSERVATION DIVISION

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

I.	REQ	UEST FO	OR A	LLOWA PORT O	BLE AND IL AND NA	AUTHORI TURAL G	ZATION AS					
Openior Chevron U.S.A. Inc.						· 	Well API No.					
Address		30-025-0										
P.O. Box 1150, Midlar	id, Tex	as 797	02					•				
Reason(s) for Filing (Check proper box) New Well			_			et (Please expl						
Recompletion	Oii	Change in	Transp Dry O			e Date:			a) // 5			
Change in Operator	Casinghe	_	Conde	-				onard (NCT on and cha		well		
If change of operator give name and address of pravious operator					FILEG LO	Bilow uii	ILIZALIO	on and cha	nge 11	i na	ame.	
•	4310.4.0	4.00									 :	
IL DESCRIPTION OF WELL Lesse Name	VUD FF		Pagi N	Vame, Inche	ting Formation	 	Klad	Y Lease	 	esse No.		
'Arrowhead Grayburg Uni				Arrowhead Grayburg			State,	-	200 11th			
Location			_									
Unit Letter C	:660)	Feet F	rom The _1	North Line	1980_	Fo	et From The	lest	1	Line	
Section 36 Township	21-S	5	Resee	36-E	, 10	MPM. Le	ea			Coun	dy	
III. DESIGNATION OF TRAN	SDODTE	P OF O	E AN	III NATT	IDAI CAG							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Shell Pipeline				لــا		30x 1910,	i, Texas 79701					
Name of Authorized Transporter of Casing Warren Petroleum Co.	head Clas		or Dry	Gas 🗀				copy of this form				
If well produces oil or liquids,	Uelt	Sec.	Twp.	Ree			When	Oklahoma	74102	-		
give location of tanks.	C	36	21S	36E	Yes	,	1	• Unk				
If this production is commingled with that	iron say oth	er lesse or p	ool, gi	ve commie	ling order numb	ber:						
IV. COMPLETION DATA		1-1-1			1 4) ****	1-5		Basks			
Designate Type of Completion	- (X)	On Wen		Gas Well	New Well	Workover	Doepes	Plug Back Sa	me Res'v	pir Ra I	58.A	
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	Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			 	<u>_l</u>			Depth Casing S	boe	<u>,</u>		
	TUBING, CASING AND				CEMENTI		21010 051 1515					
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	 				-							
					<u> </u>							
	- BAB	TT AUT	KI H					<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	if FOR A		RILE	i All and mo	e he equal to ar	erceed ton all	umble for thi	death as he for	full 24 box	er 1		
Date First New Oil Rus To Tank	OH BAG MAG	us be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
	Date of Test											
Leigth of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size				
Actual Frod. During Test	Oil - Bbis.			Water - Bbls.	Water - Bbls.			Gai- MCI ²				
GAS WELL	<u> </u>			······································	J			<u> </u>				
Actual Frod Test - MCF/D	Leagth of	Test		 	Bble. Conden	sale/MMCF		Cravity of Con-	leasate			
							Challe Plan	Choles Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Castag Press	Casing Presence (Shut-le)							
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		···	105511		1000			
I hereby certify that the rules and regula	nions of the	Ol Conserv	ation			OIL CON		ATION DI		אנ		
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 3 0 1991							
·		,			Date	Approve						
D.M. Bohen					Orig. Dis Paul Kautz							
Signature D. M. Bohon Technical Assistant					ByBeologist							
Printed Name. Title					Title	•						
Date 7.27 2.37.	(212) G		phone I	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

