State of New Mexico gy, Minerals & Natural Resources Department

PO Box 1980, Hobbs, NM 88241-1980

District II

811 S. 1st Street, Artesia, NM 88210-2834

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fa NM 87504-2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

Form C-104

5 Copies

AMENDED REPORT

Santa Fe, NM 87504-2088

87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

I.	R	REQUES	T FOR A	LLOWA	BLE	AND A	UTHO	RIZAT	TON TO T			.		
¹ Operator name and Address									² OGRID Number					
Chevron U.S	.A. Inc.								4323					
P.O. Box 11					3 Res					on for Filing Code				
Midland, TX										ASSIGN NEW POD'S /-/ 94				
4 API Number							me			6 Pool Code				
30-025-06363						NSON;ELLI	NDI IDCE		•	i	7980			
	perty Code		Property N		9 Well Number									
,	• •				LEONARI		Εì			3				
	2670	<u></u>		LEUNANI										
		Location		Lot. Idn	Foot	eet from the North/South Line			East from the	Feet from the East/West line				
UL or lot no.	Section	Township 21S	Range	Lot. Ion	reet						County			
X 11	2	37E	<u> </u>	660 SOUTH			660	50 EAST		LEA				
	Bottom			C 4 1/0 4 7: 1				T						
UL or lot no.	Section	Township	Range	ange Lot. Idn		from the	North/South Line		Feet from the	East/West line		County		
	12	<u> </u>	1 1 11 0			C 100 D	120 Preside Number		C-129 Effective		17.0.1	29 Expiration Date		
12 Lse Code	13 Produci	ng Method C	ode 14 Gas	Connection Da	ite 13	C-129 Permit Number		6 C-129 Effective	.5511.0 24.0		29 Expiration Date			
S P 1/58														
III. Oil an	d Gas T	_												
18 Transporter OGRID			ansporter Nam and Address	nsporter Name			20 POD 21 O/G			22 POD ULSTR Location and Description				
OGRID				1.0		-6 0		 	and Description					
037480	- 1		PIPELINE	LP		2819724 0			0-2-21S-37E					
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	HOUSTON, TX 77210-4666													
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100	200000000	O. BOX 19 NCE, NM	88231				0-2-213-3/6							
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				 	8			48						
IV. Produ		ter				/ ···								
²³ POI	_		7 11	27	4	4 POD ULS	TR Locat	ion and De	scription					
28/9	1830	0	-2-21-	71						~				
V. Well C	ompleti	on Data												
²⁵ Spud Date		2	²⁶ Ready Date			27 TD 28			28 PBTD		²⁹ Perforations			
											22.5			
30 H	lole Sie		³¹ Casing & Tubing Size			32 Depth Set					³³ Sacks Cement			
												<u></u>		
VI. Well 7	Test Dat	a												
34 Date New Oil 35 Gas Deliv			ery Date ³⁶ Test Date			³⁷ Test Length			38 Tbg. Pressi	11e	³⁹ Csg. Pressure			
40 Choke Size 41 O		42 Water			⁴³ Gas			⁴⁴ AOF		45 Test Method				
						l								
46 I hereby certi	fy that the n	ules of the Oil	Conservation	Division have	e been						TOTON			
complied with ar	nd that the in	formation giv					OF	OIL CO RIGINAL S	NSERVATIO BIGNED BY O	HBIS M	ISION	0		
the best of my ki	nowledge an	d belief.				Approved	by:	DI3	TRAIT É SUPE	EVISOI	3	ט		
Signature: J. K. Ruplud							Tal.							
J. K. RIPLEY							Title:							
Title:							Approval Date: 35 1 1007							
TECHNICAL ASSISTANT								VL. A	L R/8/3		-			
Date:	8/26/9	7	Phone:	7148	L									
47 If this is a cl	hange of ope	erator fill in th	ne OGRID nur	nber and name	of the p	revious ope	ator							
											1 -			
	Pre	evious Operate	or Signature			Pri	nted Nam	е		Tit	ie	Date		

DISTRICT III

P. O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISIO

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REOUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well API No. Operator Chevron U.S.A., Inc. 30 - 025-06363 Address Midland, TX 79702 P. O. Box 1150, Other (Please explain) Reason (s) for Filling (check proper box) New Well Change in Transporter of: X Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If chance of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 3 Brunson Ellenburger Harry Leonard (NCT-F) Location 0660 Feet From The 660 Feet From The ___East __Line South Line and Unit Letter NMPM. Section 02 218 Lea Township Range 37E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil EOTT Energy Pipeline P (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 EOTT Oil Pipeline Co. Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) Sec. If well produces oil or liquids, Rge. Is gas actually connected? When? Unit give location of tanks. Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P. B. T. D. Date Spudded Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Depth Casin; g Peforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE 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) (Flow, pump, gas lift, etc.) Producing Method Date First New Oil Run To Tank Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Gas - MCF Actual Prod. During Test GAS WELL Bbls. Condensate/MMCF Length of Test Gravity of Condensate Actual Prod. Test - MCF/D Casing Pressure (Shut - in) Testing Method (pilot, back press.) Tubing Pressure (Shut - in) Choke Size **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved DEC 15 1993 is true and complete to the best of my knowledge and belief. Bv ORIGINAL SIGNED BY JERRY SEXTON Signature DISTRICT I SUPERVISOR Title

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.

T.A.

Title

(915)687-7148

Telephone No.

- 3) Fili 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.

J. K. Ripley

Printed Name

11/30/93 Date

Submit 5 Copies
Appropriate District Office
DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									W	ell AF	PI No.		\neg	
Chevron U.S.A., Inc.		30 - (- 025-06363							
Address														
P. O. Box 1150, Midland, TX 797	702						When /1	Diagna Av-	lain)				4	
Reason (s) for Filling (check proper box) Other (Please explain)											- [
New Well Change in Transporter of: Recompletion Oil X Dry Gas														
Change in Operator Casinghead Gas Condensate														
If chance of operator give name and address of previous operator														
				-										
II. DESCRIPTION OF WELL A	ND LEASE	Well No							142	·	Ť	Y XY		
Lease Name	cluding Formation					Kind of Lease No. State, Federal or Fee								
Harry Leonard (NCT-F)	on Ellenburger				ادا	uu, P	oucial of 1 cc							
Harry Leonard (NCT-F) 3 Brunson Ellenburger														
												_		
Unit Letter X		0660	_Feet Fr	om The	South	I	Line an	.d	660	F	eet From The	<u>East</u> Line		
-	446		D		27E		BIS ATTE	. #	¥	æa		Courts		
Section 02 Township	218		Rang		37E	-	NMP	V1,		rca		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)														
NOTE OIL BY No. C						1	P.O =	20x 4666	. Housto	, Houston, TX 77210-4666, Suite 2604				
EOTT Oil Pipeline Co. Name of Authorized Transporter of Casingh	ead Gas	OF	D y Gas		Addro							orm is to be sent)	\dashv	
traine of reducetion transporter of casingu						·					1, ,			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas	ctually c	onnec	ted?	When?					
give location of tanks.						W				¥	Inlen ave-			
	_11			<u> </u>		Yes					J nknown	·-···		
If this production is commingled with that fr	om any other le	ase or po	ol, give co	ommingl	ing order n	ımber:		-						
IV. COMPLETION DATA		Oil We	11 L C:	Well	New Well	Worko	I	Deepen	Plugbaci	k le	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X)) Oil We	T Cas	44 CII	TAEM METT	**OFKO	761	rechen	Lugoaci	- °	with Med A			
Date Spudded	Date Compl. Ready to Pro		rod.	-	Total Dept	lal Depth			P. B. T. D.				—	
Dan opuducu	- was complete	, w I			- own police									
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Fort	nation		Top Oil/Gas Pay				Tubing I	Tubing Depth				
					But Oak									
Peforations									Depth C	asın; g				
	T	UBING.	CASING	AND C	EMENTIN	EMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
	<u> </u>													
V. TEST DATA AND REQUES	OWAI	RT.F.		1				1	_					
				and mus	the enual to	07 07 04	ed ton .	allowahie	for this de	epth o	be for full 24	hours)		
Date First New Oil Run To Tank	Date of Test	oume of	was ou	ana musi	t be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)									
	1													
Length of Test	Tubing Pressure				Casing Pressure			Choke Size						
								Gas - MCF						
Actual Prod. During Test	Oil - Bbls.				Water - Bt	us.			Gas - M	C.F				
CACHETT	<u> </u>			-					1					
GAS WELL Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF				Gravity of Condensate									
remailion test-met/D	Length of Test Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)									
Testing Method (pilot, back press.)								Choke Size						
	<u> </u>													
							•••	66 222			011 B.:	2101		
I hereby certify that the rules and regulat			OIL	CONS	SERV	ATI	ON DIVIS	SION						
Division have been complied with and the	0.70 4 1/4 1000													
is true and complete to the best of my kn	Date Approved DEC 1 5 1993													
1 Ox Pinters														
1 Millian	By ORIGINAL SIGNED BY JERRY SEXTON													
Signature (Title DISTRICT) SUPERVISOR													
J. K. Ripley	T.A													
Printed Name	Title													

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Telephone No.

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biank

Date