Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> 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

rinergy, Minerals and Natural Resources Department **OIL CONSERVATION DIVISION**

State of New Mexico

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

			NOPURI C	IL AND N	A FURAL (5	AS					
Operator Chevron U.S.A.,	Inc.					Weil	API No.		<u> </u>		
Address	Midland, T	¥ 79702				30	-025-0871	9			
Reason(s) for Filing (Check proper bo						· · · · · · · · · · · · · · · · · · ·					
New Well	~,	Change in	Transporter of:		ther (Please expl	an)					
Recompletion X	Oil	· • • • •	Dry Gas								
Change in Operator	Casinghe	ead Gas	Condennate								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WEL	L AND LE	EASE									
Lease Name			Pool Name, Inclu	ding Formation		Kind	of Lease	· · · · · · ·	Lease No.		
W. A. Ramsay (NCT-A)		35	Eumont Gas	Yates 7R	Queen	State, State	Federal or Fee	B-17			
Unit Letter N	. 660			outh	1000						
			Feet From The S	Li	ne and 1980	Fe	et From The <u>W</u>	/est	Liı		
Section 27 Town	uship 2	215	Range 36E	, N	IMPM,		Lea		County		
III. DESIGNATION OF TRA	ANSPORTE	ER OF OU	LAND NATE	IDAT CAS							
Name of Authorized Transporter of Oil		or Condens		Address (Gi	we address to wh	ich approved	copy of this for	m is to be s	enti		
Name of Authorized Transporter of Cas			·								
Warren Petroleum Com	ngarana Gasi 🔄 Dany		or Dry Gas X	Address (Give address to which a		ich approved	approved copy of this form is to be sent) 1589, Tulsa, OK 74102		ent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. 1	Twp. Rge.	Is gas actual	y connected?	X 1589, When		74102			
		ll	1		Yes	1	•	4/91			
f this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or po	ol, give comming	ling order num	ber:						
		Oil Well	Gas Well	New Well	Workover	Deeper	Dive David In				
Designate Type of Completio		i	j x	i		Deepen	Plug Back Si X	ime Res'v	Diff Res'v		
Date Spudded	· Date Compt. Real			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	4/13/91 Name of Producing Formation			4000' Top Oil/Gas Pay			Tubine De d	3621'			
3578' GR Yates			es 7R Queen		3138'		Tubing Depth	3107'			
3138'-3479'							Depth Casing Shoe				
	T		ASING AND	CEMENTI	NG RECORT						
	CASING & TUBING SIZE								INT		
HOLE SIZE	CAS				DEPTH SET	1	SAC	KS CEM	325 sx		
11"	CAS	8-5/8	n		401'			CKS CEM			
		8-5/8 5-1/2	n n		401' 3850'						
11" 7-7/8"		8-5/8 5-1/2 2-3/8	1) 1) H		401'			325 sx			
11" 7-7/8" . TEST DATA AND REQUE	ST FOR A	8-5/8 5-1/2 2-3/8 LLOWAB	U U U L E		401' 3850' 3107'		1	325 sx 725 sx	·····		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after	ST FOR A	8-5/8 5-1/2 2-3/8 LLOWAB	U U U L E	be equal to or	401' 3850' 3107' exceed top allow	able for this a	1 depih or be for j	325 sx 725 sx	·····		
11" 7-7/8" 7. TEST DATA AND REQUE IL WELL (Test must be after Nate Firm New Oil Run To Tank	ST FOR A recovery of tot	8-5/8 5-1/2 2-3/8 LLOWAB		be equal to or Producing Me	401' 3850' 3107'	able for this a p. pas lift, etc	1 depih or be for j	325 sx 725 sx	·····		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after vate Firm New Oil Run To Tank	ST FOR A recovery of tot	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l		be equal to or Producing Me Casing Pressur	401' 3850' 3107' exceed top allow thod (Flow, pum	p, gas lift, etc	1 depih or be for j	325 sx 725 sx	·····		
11" 7-7/8" . TEST DATA AND REQUE	ST FOR A recovery of tol Date of Test Tubing Pres	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l		Producing Me Casing Pressur	401' 3850' 3107' exceed top allow thod (Flow, pum	p, _E as lift, etc	depth or be for f .) Choke Size	325 sx 725 sx			
11" 7-7/8 7-7/8 7-7 7-7 7-7 7-7 7-7 7-7 7-7 7-7 7-7 7-	ST FOR A recovery of tot. Date of Test	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l		Producing Me	401' 3850' 3107' exceed top allow thod (Flow, pum	p, _E as lift, etc	tepih or be for j	325 sx 725 sx			
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after tale First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL	ST FOR A recovery of tol Date of Test Tubing Pres	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l		Producing Me Casing Pressur	401' 3850' 3107' exceed top allow thod (Flow, pum	p, _E as lift, etc	depth or be for f .) Choke Size	325 sx 725 sx	·····		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after hate First New Oil Run To Tank ength of Test ctual Prod. During Test CAS WELL ctual Prod. Test - MCF/D	ST FOR A recovery of tol Date of Test Tubing Pres	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1		Producing Me Casing Pressur	401' 3850' 3107' exceed top allow thod (Flow, pum	p, gas lift, etc	depth or be for f .) Choke Size	325 SX 725 SX	·····		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after hate First New Oil Run To Tank ength of Test ctual Prod. During Test CAS WELL ctual Prod. Test - MCF/D 680	ST FOR A recovery of tota Date of Test Tubing Press Oil - Bbls.	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1 sure	LE load oil and must	Producing Me Casing Pressur Water - Bbls. Bbls. Condens	401' 3850' 3107' exceed top allow thod (Flow, pum re	p, gas lift, etc	depth or be for f) Choke Size Gas- MCF Gravity of Cond	325 SX 725 SX			
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after ate First New Oil Run To Tank eagth of Test ctual Prod. During Test CAS WELL ctual Prod. Test - MCF/D 680	ST FOR A recovery of tot Date of Test Tubing Press Oil - Bbls.	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1	LE load oil and must	Producing Me Casing Pressur Water - Bbls.	401' 3850' 3107' exceed top allow thod (Flow, pum re	p, gas lift, etc	depih or be for j) Choke Size Gas- MCF Gravity of Cond Choke Size	325 sx 725 sx full 24 hour	·····		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after ate First New Oil Run To Tank ength of Test ctual Prod. During Test Ctual Prod. During Test Ctual Prod. During Test Ctual Prod. Test - MCF/D 680 sting Method (pitot, back pr.) Flowing	ST FOR A recovery of tot Date of Test Tubing Press Oil - Bbls.	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l t sure sure 24 hrs sure (Shut-in) 165# FTP	LE load oil and must	Producing Me Casing Pressur Water - Bbls. Bbls. Condens Casing Pressur	401' <u>3850'</u> <u>3107'</u> exceed top allow thod (Flow, pum, re ate/MMCF 0 c (Shui-ia) 	p, gas lift, etc	depth or be for f) Choke Size Gas- MCF Gravity of Cond Choke Size	225 SX 725 SX Sull 24 hour cossile 29/64	s.)		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after ale First New Oil Run To Tank ength of Test ctual Prod. During Test Ctual Prod	ST FOR A recovery of tol Date of Test Tubing Press Oil - Bbls. Length of Te Tubing Press 1 CATE OF (lations of the O that the inform	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1 t sure 24 hrs sure 24 hrs sure (Shut-in) 165# FTP COMPLI COMPLI	LE load oil and must	Producing Me Casing Pressur Water - Bbls. Bbls. Condens Casing Pressur	401' 3850' 3107' exceed top allow thod (Flow, pum re	p, gas lift, etc	depth or be for f) Choke Size Gas- MCF Gravity of Cond Choke Size	225 SX 725 SX Sull 24 hour cossile 29/64	s.)		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after ate First New Oil Run To Tank ength of Test ength of Test ctual Prod. During T	ST FOR A recovery of tol Date of Test Tubing Press Oil - Bbls. Length of Te Tubing Press 1 CATE OF (lations of the O that the inform	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1 t sure 24 hrs sure 24 hrs sure (Shut-in) 165# FTP COMPLI COMPLI	LE load oil and must	Producing Me Casing Pressur Water - Bbls. Bbls. Condens Casing Pressur	401' <u>3850'</u> <u>3107'</u> exceed top allow thod (Flow, pum, re ate/MMCF 0 c (Shui-ia) 	p. yas lift, etc	depth or be for f .) Choke Size Gas- MCF Gravity of Coad Droke Size TION DI	225 SX 725 SX Sull 24 hour consule 29/64 VISIO	s.) N		
11" 7-7/8" . TEST DATA AND REQUE IL WELL (Test must be after hate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D 680 sting Method (pilot, back pr.) Flowing I. OPERATOR CERTIFIC I hereby certify that the rules and regul	ST FOR A recovery of tol Date of Test Tubing Press Oil - Bbls. Length of Te Tubing Press 1 CATE OF (lations of the O that the inform	8-5/8 5-1/2 2-3/8 LLOWAB al volume of l t sure 24 hrs sure 24 hrs sure (Shut-in) 165# FTP COMPLI bil Conservation ation given al belief.	ANCE	Producing Me Casing Pressur Water - Bbls. Bbls. Condens Casing Pressur O Date A	401' 3850' 3107' exceed top allow thod (Flow, pum, re ate/MMCF 0 • (Shut-ia) 	p, yas lijf, etc	depth or be for j) Choke Size Gas- MCF Gravity of Cood Choke Size TION DI	225 sx 725 sx 5ull 24 hour costate 29/64 VISIO	<i>s.</i>) N		
11" 7-7/8" 7-7/8" TEST DATA AND REQUE IL WELL (Test must be after Nate First New Oil Run To Tank ength of Test ength of Test ctual Prod. During Test GAS WELL ctual Prod. During Test GAS WELL Ctual Prod. During Test GAS WELL Ctual Prod. Test - MCF/D 680 sting Method (pitot, back pr.) Flowing I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complete to the best of my 1 OF A COMPLETED TO THE COMPLETED T	ST FOR A recovery of tot. Date of Test Tubing Press Oil - Bbls. Length of Te Tubing Press 1 CATE OF (lations of the O that the inform knowledge and	8-5/8 5-1/2 2-3/8 LLOWAB al volume of 1 t sure 24 hrs sure 24 hrs sure (Shut-in) 165# FTP COMPLI COMPLI	ANCE bove bove	Producing Me Casing Pressur Water - Bbls. Bbls. Condens Casing Pressur O Date A By	401' 3850' 3107' exceed top allow thod (Flow, pum re ate/MMCF 0 e (Shut-in) 	p. yas lijf, etc	Lepth or be for f choke Size Gas- MCF Gravity of Cood Choke Size TION DI	225 sx 725 sx full 24 hour cosale 29/64 VISIO	s.) N		

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