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Appropriate District Office  
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.	Well API No. 30-025-08720
Address P.O. Box 1150, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Prior to recompletion well was a T.A.'d Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> water injection well. <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.A. Ramsay NCT-A	Well No. 27	Pool Name, including Formation Eumont Y-SR Queens	Kind of Lease State, Federal or Private	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 34 Township 21S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St. 8th Floor, Omaha, N.E. 68102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX				XX	XX	
Date Spudded 4/30/57	Date Compl. Ready to Prod. 11/18/90	Total Depth 3845	P.B.T.D. 3725					
Elevations (DF, RKB, RT, GR, etc.) 3575 GR	Name of Producing Formation Queens (Eumont Gas)	Top Oil/Gas Pay 3645	Tubing Depth 3680					
Perforations 3645-3686 & 3700-3710			Depth Casing Shoe 3836					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	405	325 sx Circ 25sx
7 7/8	5 1/2	3836	1696sx TOC@ 1910 by TS
	2 3/8	3680	

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.)

Date First New Oil Run To Tank 10/10/90	Date of Test 11/18/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35	Casing Pressure 0	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 65	Gas MCF 252

GAS WELL

Actual Prod. Test - MCF/D 252	Length of Test 24 Hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N.A.
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	Choke Size N.A.

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature D.M. Bohon Technical Assistant  
Printed Name D.M. Bohon Title  
Date 11/29/90 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

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.

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.