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ppropriate District Office
ISTRICT 1
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

HSTRICT II 1.O. Drawer DD, Andria, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior Chevron U.S.A. Inc.		10 1117	<u> </u>	<u> </u>	IL AND NA	I OI IAL G	Well /	LPI No. -025- 23324		
Address										
P:O. Box 1150, Midlan	d, Texa	s 797	02							
Reason(s) for Filing (Check proper box) New Well		Change is	Trans	norter of	X Out	re Date:	sun) 6/1/9	7/		
Recompletion	Oil		Dry (Old Well	Name:	W.A. Ram	nsey (NCT-B)	#5	
Change in Operator	Carloghea	4 Gas 🔲	•	casale 🔲	Filed to	show un	itizatio	on and chang	ge in hame.	
change of operator give name					also ch	ange pool	L from P	enrose-Skel	1y	
•	ANDIE	A CP						,	:	
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including					ding Formation	·	Kind	and of Lesse Lesse No.		
Arrowhead Grayburg Uni							State,	State, Federal or Fee		
ocation					_	1.650		-		
Unit Letter G	210	5	Feet l	From The $\frac{1}{2}$	North L	e and <u>1650</u>	Fe	et From The \underline{Ea}	StLine	
Section 25 Township	21-	S	Rasg	36-1	. <u>N</u>	MPM, I	.ea		County	
II. DESIGNATION OF TRANS	<u>SPORTE</u>			ND NAT	URAL GAS	e address to w	ich approved	core of this form is	to be sent)	
ns of Authorized Transporter of Oil XX or Condensate Shell Pipeline						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casing	head Gas	Z-2	or Dr	y Gas				copy of this form is		
Warren Petroleum Co.								a, Oklahoma 74102		
if well produces oil or liquids, ive location of tanks.	Uak M	Sec. 25	Twp.	Rg 1-6 36E		ly connected?	When	7		
this production is commingled with that f						ber:				
V. COMPLETION DATA			, , (· · · · · · · · · · · · · · · · · · ·		
		Oil Well	ij	Gas Well	New Well	Workover	Doepes	Plug Back Sam	Res'v Diff Res'v	
Designate Type of Completion	· (A)	pl. Ready to	Prod.		Total Depth	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.	I	
Date Spudded	Das Com	pr. 100007 -	,,,,,	'						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cas	Top Oil/Gas Pay			Tubing Depth	
								Depth Casing She	X	
Perforations										
	7	TUBING,	CAS	ING AN	D CEMENT	NG RECOR	D O	1		
HOLE SIZE		SING & TI				DEPTH SET		SACI	(S CEMENT	
	<u> </u>				_			-		
	 									
	 									
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E				to doub on he for fi	II 24 hours \	
OIL WELL (Test must be after r.	ecovery of L	otal volume	of loa	d oil and m	ust be equal to o	r exceed top all lethod (Flow, p	owable for the	esc.)	u 84 nows.,	
Date First New Oil Run To Tank	Date of To	est			Lionnens in	season (1 sout &				
Length of Test	Tubing Pressure				Casing Pres	Casing Pressure			Choke Size	
					Ween Dhi	Water - Bbis.				
Actual Prod. During Test	Oil - Bbis.				Water - Don	Mast - Borr				
	<u> </u>			 	, 					
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Coade	Bbls. Condensate/MMCP			Gravity of Condensate	
VEHINI LICE TOE - MCLIN	Production of								Choka Siza	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)				
	1				_					
VI. OPERATOR CERTIFIC							NSERV	ATION DI	VISION	
I hereby certify that the rules and regul Division have been compiled with and	ations of the	Oli Conse	svatice ver ab-	i ave		J VVI		74Y 3	ī 1991	
is true and complete to the best of my	knowledge :	ind belief.		-	Dat	e Approve	ed			
D.M. John					H		red by			
					By_	Leo Geo	Kautz			
							1. 14. BOS			
Signature D. M. Bohon T.	echnica	1 Assi	etai	at	. 11					
D. M. Bohon T. Printed Name. (28/9)	echnica (915)	1 <u>Assi</u> 687-71	etai Tide 48	nt	. 11	<u></u>		·		

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

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