\$TRICT | D. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Astosia, 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 RANSPORT OIL AND NATURAL GAS

| perator | | U IHA | UND | FUR | UIL | VIAD IAV | UNAL GA | S Wall X | No. | | |
|--|--|----------------------------|--------|--------------|---------------------------|--|-------------------------------------|-----------------------|-----------------|----------------|---------------|
| Chevron U.S.A. Inc. | | | | | | | | 1 | 025-2399 | 5 | |
| diress P:0. Box 1150, Midlan | d, Texa | s 797 | 02 | | | | | | , | | |
| essoo(1) for Filing (Check proper bax) | | | | | | X Othe | e (Piease explai | h) / /- | , | | |
| ew Well | • | Change in | | • | | | e Date: | | | | |
| ecompletion L | Oil | 님 | | Gas | | old Well | Name : S | sandy <u>#</u> | Z n and ct | ance in | rell name. |
| hange in Operator 🗵 | Castaghea | d Gas L | Con | desente | | | | | | | |
| change of operator give same 4 address of previous operator | | | | | ál: | so chang | e pool fr | om Penr | ose-Skel | 1y | : |
| L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include | | | | | | e Ecometica | | Kind o | Kind of Lease | | ne Na. |
| ase Name Arrowhead Grayburg Unit 116 Arrowhead | | | | | | | g | | Fee | | |
| ocation | | | | | _ | _ | 700 | | | Foot | |
| Unit Letter P | 990 | D. | . Feel | Prom T | heS | outh Lie | 790 | Foc | t From The _ | East | 1.ine |
| Section 25 Township | 21-5 | S | Ras | 36 | 5-E_ | , N | IPM. Lea | a | | | County |
| | | | | | | | | | | | |
| II. DESIGNATION OF TRAN | <u>SPORTE</u> | R OF O | IL/ | ND N | IATUF | RAL GAS | eddress to wh | ich approved | copy of this fo | rm is to be se | u) |
| lame of Authorized Transporter of Oil | KX C | or Conde | 1626 | |] | | ox 2528, | | | | |
| Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casingheed Gos ker or Dry Gos | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | nt) |
| Warren Petroleum Co. | | ~~~~ | | | | | 0. Box 1589, Tu | | | a /4102 | |
| l' well produces oil or liquids, ive location of tanks. | Unit I | Sec. 25 | Tw | 1S | Rgs. 36E | is gas actually connected? Yes | | When | Unk. | | |
| this production is commingled with that | from may oth | er lesse or | | | mmlegi | ng order num | ber: | | | | |
| V. COMPLETION DATA | | Oil Wel | | Gas ' | | New Well | Workover | Deepes | Plug Back | Same Res'y | Diff Res'v |
| Designate Type of Completion | - (X) | _i | | <u> </u> | | Total Depth | | <u> </u> | P.B.T.D. | | <u>-L</u> |
| Date Spudded | Date Com | Date Compi. Ready to Prod. | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | | Top Oil/Ges Pay | | | Tubing Depth | | |
| Perforations | <u> </u> | | | | | | | | Depth Cast | eg Sho4 | |
| | | TIPRIC | C | SINO | AND | CEMENT | NG RECOR | D | | | |
| LIOLE OTE | TUBING, CASING AN CASING AN CASING & TUBING SIZE | | | | E | DEPTH SET | | | SACKS CEMENT | | |
| HOLE SIZE | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | /AB | LE | | <u>!</u> | | | | | 1 |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | recovery of | total volum | e of l | oad oil | and must | be squal to e | r exceed top all lethod (Flow, p | owable for th | e depth or be | per patt 24 no | ##.J |
| Date First New Oil Run To Tank | Date of T | | | | | Producing N | ASTRICT (LION, P | m.h. 2m .h. | | · | |
| A of Tod | Tubing Pressure | | | | | Casing Pressure | | | Choke Size | | |
| Length of Test | | 100136 1100-10 | | | | PA I | | | GM- MCF | | |
| Actual Prod. During Test | Oil - Bbis. | | | | | Water - Bbls. | | | | | |
| | | | | | | | | | | • | |
| GAS WELL | I I seems to the s | | | | Bole. Cond | name/MMCF | | Gravity of Condensate | | | |
| Actual Prod. Test - MCF/D | Prestan o | Length of Test | | | | | | | | | |
| Testing Method (plies, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choks 5k2s | | | |
| | CATE | E COL | (Pi | IANC | TP. | 1 | 011 000 | JOED! | ATION | DIVIE |)N |
| VI. OPERATOR CERTIFIC | ulations of \$ | a Oli Con | terval | ios | , | | OIL COI | NOEHV | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | | Date ApprovedAY 3 1 1991 | | | | | |
| D.M. Bohen | | | ٠ | | | 1 | • • | Orig. Sign | red b y | | |
| Signature | | | | | | ∥ By. | | Paul K Geolog | ist | | |
| | Technic | | 7 | Table | | Tiu | 9 | | · | | |
| Printed Name . 5/28 /9/. | (915) | 687-7 | | one No. | | | | | | | |
| Date | | | ereb | ,,,,,, (TJ. | · | | | | | | |

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 as well name.

RECUVED

MAY 29 1991

COS HOBBS OFFICE