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Appropriate District Office Appropriate District Grand DISTRICT I P.O. Box 1980, Hobbe, NM 88240

State of New Mexico E. _y, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Astedia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						j was a	Pi No.				
Chevron U.S.A.,	Inc.					30	-025-	25/1	/		
Address									*** **********************************		
P. O. Box 670, Resease(s) for Filing (Check proper box)	Hobbs, N	ew Mex	<u>cico 88</u>	240							
New Well		hann in T	Pransporter of:	_	het (Please expl	sin)					
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead (_	ቫ ^ይ	FFECTIVE	DATE -	1-1-90				
change of operator give name			2	erdi. Street in the	C			34			
ad address of previous operator	 					·					
L DESCRIPTION OF WELL	L AND LEAS	SE									
Lease Name				cluding Permatice			(Lease	Le	use No.		
H.T. Mattern (NCT-C)	_7	Blineb	ry Dil 2	Gas	State,	Federal or Fee				
Location Unit Letter	: 2/3		Feet From The	South 1	ne and	80_ p	st From The	East	Line		
Section /8 Towns	thip $2/S$	1	Range	37E.1	EMPM, L	ea	· · · · · · · · · · · · · · · · · · ·		County		
II. DESIGNATION OF TRA	Nebobten	OP OII	A NITO NIA	THE PAR CAS	•						
dame of Authorized Tongers of CO		r Condens	AND NA	TURAL GAS		Mak assessed 2					
Pride Pipeline Co	Pride Pipeline Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Cas		7	or Dry Gas		Address (Give address to which approved copy of this form is to be sent)						
warren Re			- ,				whi in the local	<i>0</i> . 30	-/		
If well produces oil or liquids,	Uest S	lec.	Twp.	Rge. Is gas actua	lly connected?	When	7				
ive location of tanks.	1 * 1		2/13		انعا	i	· 				
this production is commingled with the	at from any other	lease or pr	ool, give comm	ningling order nur	nber:						
V. COMPLETION DATA					· _/	·					
Designate Type of Completio	n-(X) i	Oll Well	Gas Wel	I New Well	Workover	Deepea	Plug Back Si	me Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to !	Prod.	Total Depth	<u> </u>	<u> </u>			<u> </u>		
-		,			•		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing For	mation	Top Oil/Gai	Top Oil/Gas Pay			Tubing Depth			
erforations							Depth Casing	hoe			
HOLE OF				ND CEMENT	ING RECOR	D					
HOLE SIZE	CASI	NG & TUE	BING SIZE		DEPTH SET	·	SA	CKS CEME	NT		
											
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	1								···		
. TEST DATA AND REQUI	EST FOR AL	LOWA	BLE								
IL WELL (Test must be after				must be equal to a	or exceed top all	owable for thi	depth or be for	full 24 hour	e 1		
)IL WELL (Test must be after				must be equal to a	r exceed top all dethod (Flow, p	owable for this	depth or be for	full 24 hour	s.)		
OIL WELL (Test must be after Date First New Oil Ruse To Task	recovery of lota			must be equal to a	r exceed top all Aethod (Flow, pi	owable for thi ump, gas lift, e	depth or be for sc.)	full 24 hou	s.)		
OIL WELL (Test must be after Date First New Oil Ruse To Task	recovery of lota	i volume oj		Producing h	dethod (Flow, p	owable for thi ump, gas lift, e	depth or be for tc.) Choke Size	full 24 hou	s.)		
OIL WELL (Test must be after Date First New Oil Rue To Teak Length of Test	Date of Test Tubing Press	i volume oj		Producing N	Aethod (Flow, pr	owable for thi ump, gas lift, e	Choke Size	full 24 hou	s.)		
OIL WELL (Test must be after Date First New Oil Russ To Teak Length of Test	Date of Test	i volume oj		Producing h	Aethod (Flow, pr	owable for thi ump, gas lift, e	tc.)	full 24 hou	s.)		
OIL WELL (Test must be after Date First New Oil Russ To Tank Length of Test Actual Prod. During Test	Date of Test Tubing Press	i volume oj		Producing N	Aethod (Flow, pr	owable for thi ump, gas lift, e	Choke Size	full 24 hour	s.)		
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OIL WELL (Test must be after Date First New Oil Russ To Tank Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Press	i volume oj		Casing Pres Water - Bbi	Aethod (Flow, pr	owable for thi ump, gas lift, e	Choke Size		s.)		
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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.

 5) 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.