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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30-025-30950 Address P.O. Box 1150 Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well X) Change in Transporter of: Dry Gas Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease Name Well No. Pool Name, Including Formation Lease No. J. F. Janda (NCT-D) 6 Oil Center Glorieta State Location .1660 Unit Letter T \_\_ Line and 530 Feet From The South Feet From The West Line 215 Range 36E Township Lea , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) XPride Pipeline Co P. O. Box 2436, Abilene, TX 79604 Phillips 66 Natural Gas Co. GPM GGS Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 14601 Penbrook, Odessa, TX 79762 If well produces oil or liquids, Unit ctually connected? When ? give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) X X Date Compl. Ready to Prod Total Depth P.B.T.D 9/9/90 9/23/90 5350 5290' Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 3532' GR Grayburg 5219' Depth Casing Shoe 5171'-5240' TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE **DEPTH SET** SACKS CEMENT 12-1/4 8-5/8" 1303 870 7-7/8" 5-1/2" 5350 1825 2-3/8" 5165 . 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test 10/13/90 10/13/90 pumping Length of Test Casing Pressure hoke Size Tubing Pressure 24 hrs 40# 40# w.o. Actual Prod. During Test Water - Bbis Gas- MCF Oil - Bbls 212 200 12 R **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis, Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 30.92 is true and complete to the best of my knowledge and belief. Date Approved: ned by, Paul Kautz Geologist By. K. Ripley **Tech Assistant** Printed Name Title Title. (915)687-7148 Date Telephone No.

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.