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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**

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-32161
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If chance of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arnott-Ramsay (NCT-C)	Well No. 16	Pool Name, Including Formation Eumont Yates 7R Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter H	1780	Feet From The North Line and 680 Feet From The East Line		
Section 21	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, TX 77210-4666					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	10/08/93

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded 09/08/93	Date Compl. Ready to Prod. 10/05/93		Total Depth 3800'		P. B. T. D. 3744'			
Elevations (DF, RKB, RT, GR, etc.) 3618' KB	Name of Producing Formation Queen/Penrose		Top Oil/Gas Pay 3078'		Tubing Depth 3730'			
Perforations 3078'-3653'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SIZE		SACKS CEMENT			
12-1/4"	8-5/8"		1485'		750			
7-7/8"	5-1/2"		3743'		525			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCP

GAS WELL

Actual Prod. Test - MCF/D 996	Length of Test 24 hrs	Bbls. Condensate/MMCF 2	Gravity of Condensate 34.2
Testing Method (pilot, back press.) Flowing	Tubing Pressure (Shut - in) 95# FTP	Casing Pressure (Shut - in) 0	Choke Size 2"

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
J. K. Ripley
Printed Name
J. K. Ripley
Date
11/16/93
T.A.
T.A.
Title
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 18 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.

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