District I "O Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brazos Rd., Aztec, NM 87410

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico

Ener Minerals & Natural Resources Department

District IV 2040 South Pacheco	o. Santa Fe,	. NM 87505								AME	ENDED REPOR		
I.			ST FOR A	LLOWA	RLE ANI	O AUTHO	ORIZA'	TION T(TRANS				
		¹ O ₁	perator name an				0142		² OGRID				
Chevron U.									43	23			
P.O. Box 1	•								³ Reason for		ode		
Midland, T	X 7970 API Numbe				S Do	1 57		CG	EFFEC	TIVE 7/			
				-		ool Name	- · - ·				Pool Code		
	0-025-0 perty Code		 	1	UBB OIL &	GAS (PRO erty Name	GAS)				86440		
	2678				_	eny Name MARK				y W	ell Number		
		e Locatio)n		<u> </u>	IVANN					4		
UL or lot no.	Section	Township		Lot. Idn	Feet from th	ie North/	South Line	Feet from t	he East/V	West line	County		
Н	3	225	37E		1980	1	NORTH_	660	1	AST	LEA		
	Botton	n Hole Lo	ocation		- <u> </u>								
UL or lot no.	Section	Township	Range	Lot. Idn		Feet from the North/South Line Feet from the East/West					County		
12 Lse Code P	13 Produc	cing Method (į	Connection Date 3/1/94	¹⁵ C-129	Permit Num	ıber	¹⁶ C-129 Effe	ective Date	¹⁷ C-1	129 Expiration Date		
III. Oil and	d Gas T	Franspor			× 					<u> </u>			
18 Transporter OGRID		19 Tı	ransporter Nam and Address	ie	20	POD	21 O/G		22 POD ULST and Desc		on		
024650			TREAM SERV		28	314701	G						
		00 LOUISIA USTON, TX	ANA, SUITE 77002-50		3.37				H-3-22S	3-37E			
	1							000000					
	(2) (3) (2) (2) (3) (2)												
	37 (32)												
IV. Produc	ced Wa	ter					N. ECONOMICS.	3I					
²³ POD 07102					²⁴ POD	ULSTR Locat	tion and Des	scription					
V. Well Co	ompleti												
25 Spud Date		²⁶ Rea	ady Date	²⁷ T			²⁸ PBTD		erforations		DHC, DC, MC		
31 Hol	ole Size		³² Casing	g & Tubing Size	:	33 [Depth Set		34	⁴ Sacks Ce	ment		
VI. Well To	est Dat	 .a									 		
35 Date New C		36 Gas Delive	ery Date	37 Test Date	,	38 Test Length			essure	40 C	Csg. Pressure		
⁴¹ Choke Size		⁴² Oil		⁴³ Water		⁴⁴ Gas			45 AOF 46 Test Method				
47 I hereby certify complied with and the best of my kno Signature:	that the in:	formation give	Conservation I en above is true	Division have be and complete to	to	ved by:	OIL CO	NSERVAT	TION DIVI	SION			
Printed name.	· F.	1	77		Title:		<u> </u>						
J. K. RIPI Title: TECHNICAL A	-	и. 			Appro	Approval Date:							
Date: 2/9/99			Phone: (91	5)687-7148									
48 If this is a char		rator fill in the				perator							
	Prev	vious Operator	r Signature]	Printed Name			Title		Date		

District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 S. 1st Street, Artesia, NM 88210-2834

District III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

P.O. Box 2088 Santa Fe, NM 87504-2088

State of New Mexico rgy, Minerals & Natural Resources Department

1 1	AMENDED DEPORT	

P() Box 2088, Sant	a Fe, NM 8	7504-2088								AMI	ENDED REPOR		
I.]	REQUEST	FOR A	ALLOWA	BLE	E AND A	UTHO	RIZAT	TON TO TR	RANSPOR'	T		
				and Address						OGRID Number			
Chevron U.S	S.A. Inc	•	***TH	IIS WELL I	HAS	ALWAYS	BEEN G	SAS IN	4323	4323 EFFECTIVE 1-1			
P.O. Box 11			THE T	UBB POOL	; SH	OULD BE	PRO G	AS	3 Re	IVE 1-1-94			
Midland, TX			ONLY.	PLEASE 1	REMO			OOL***	1	³ Reason for Filing Code Remove oil pool & extra PODs			
4 A	API Number	'				⁵ Pool N	me			6	Pool Code		
30-0	025-0999	6		Tubb 0il 8	k Gas	(Pro Gas	s) [NOT	in Oil	D0011	86440 [NOT 60240]			
	perty Code					8 Property	Name			9 Well Number			
	002678					Mark					4		
II.		Location											
UL or lot no.	Section	Township	Range	Lot. Idn	Fee	et from the North/South Line F			Feet from the	East/West line	County		
H 11	3	225	37E			1980	orth	660	East	Lea Lea			
Bottom Hole Location													
UL or lot no.	Section	Township	Range	Lot. Idn	Fee	t from the	North/S	outh Line	Feet from the	East/West line	County		
12 Lse Code	13 Produci	ing Method Cod	de 14 Ges	Connection Da		¹⁵ C-129 Per	<u> </u>	16					
P	110000	F		03-01-94		" C-129 Pel	mit Numb	er	C-129 Effective	Date 1' C-	129 Expiration Date		
III. Oil and	d Cas T	ransports		03-01-94	<u></u>	·							
18 Transporter	u Gas i	<u>-</u>	sporter Na	me		20 POE		21 O/G	22 PO	NII OTO I			
OGRID			d Address			20102	•	210/0		ULSTR Location Description	on		
037480	EOT	T ENERGY P	IPELINE	LP		07102	10	0		 -			
		0. Box 466						X 22 (1)	Battery L	ocation: (G-3-22S-37E		
		ston, TX		666									
024650		ren Petrol				28147	01	G	Not connect				
		. Box 1589 sa, OK 74							2806535; please remove. Gas POD s/b 2814701 only. Meter sep: H-3-22-37				
	101	30, UK /4	102										
	2005A								This well has always been gas in Tubb pool. Please remove incorrect				
									extra PODs from oil pool.				
					L								
						interes.							
IV. Produc	ced Wat	er								 			
²³ POD)					²⁴ POD ULS	TR Locati	on and Des	cription				
V. Well C	ompleti	on Data		·····									
²⁵ Spud D			Ready Date			²⁷ TD 28			⁸ PBTD	29 Pe	erforations		
30 Ho	ole Sie		31 Casin	ng & Tubing Siz	e	32 Depth Set				³³ Sacks C	33 Sacks Cement		
									}				
-			 -										
													
VI. Well T	oct Date												
34 Date New (35 Gas Deliver	y Date	³⁶ Test Da	le	37	rest Lengt	h	38 Tbg. Pressure	39	Csg. Pressure		
							-		108.1103010		Cag. Pressure		
40 Choke Size		⁴¹ Oil		42 Water			13 Gas		⁴⁴ AOF	45 -	Fest Method		
		· · ·					Gas		AOF		lest Method		
46 I hereby certify	i that the su	lan of the Oil C		District Land		r-L							
complied with and	d that the inf	formation given	above is tn	ue and complete	to		(OIL CON	SERVATION	DIVISION			
the best of my known Signature:	owledge and	belief.				Approved	by:			TEXTON			
Printed name:	sonse	Dia	9-			Т:4	·····				l		
Sonja Gray	V	(Title:							
Title:	cictant					Approval I	Date;			t* * * * f			
Technical As	17.	—	Phone:							FLB 6	c 1993		
3/4/	96			915-687-734									
47 If this is a cha	inge of oper	ator fill in the (GRID num	ber and name o	f the p	revious opera	tor						
: - 	Draw	ious Operator S	lignature			n-!	ad Mr			met at			
	riev	rona Obergrot 2	Ristarce			Printed Name Title Date							

State of New Mexico

Energy, Minerals and Natural Resources Departmer

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

Submit 5 Copies Appropriate District Office **DISTRICT 1** P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TOTAL	II OI OK		L AND	NATURA	AL GAS				
Operator Chevron U.S.A., Inc.									Well API No.		
Address P. O. Box 1150, Midland TX	79702								30 - 025-09996		
Reason (s) for Filling (check proper be)x)					110	thei (<i>Please</i>	avalain			
New Well Recompletion	Ch Oil	ange in Tra			_	— °	mici (1 teuse	expiain)			
Change in Operator	Casinghead (Gas		ry Gas ondens	ate X						
If chance of operator give name and address of previous operator											
 -	•										
II. DESCRIPTION OF WELL Lease Name	L AND LEAS	SE Well No	L D. J. M		· · · · · ·						
Mark		1			cluding F				Kind of Lease	Lease N	
Location		4	T	ubb ()il & G	as			State, Federal or Fee		
Unit Letter H		1000	_								
	 '	1980	_ Feet From	n The	Nort	h Lin	ne and	660	Feet From The	East Lin	
107.701			Rang		37E	, N	МРМ,		Lea	County	
III. DESIGNATION OF TRA	NSPORTER EOT	OF OIL	AND NA	ATUI							
EOTT Oil Pipeline Co.		Energy Heative	Pipeii	X.	Addi	ress (Gi	ve address	to which a	pproved copy of this for	rm is to be sent)	
Name of Authorized Transporter of Casil Warren Petroleun Co.	nghead Gas	or D	y Gas 4	<u>X</u>	Addr	P.O. Box	x 4666, H	ouston,	ΓΧ 77210-4666, Su	ite 2604	
f well produces oil or liquids.	Unit	Sec.				P. O. Box	x 1589. T	o wnich a	nnroyed come of die c	m is to be sent)	
ive location of tanks.		Sec.	Twp.	Rge.	ls gas	actually con	nected?	When	?		
this production is commingled with tha	I from any other l					Yes			03/01/94		
V. COMPLETION DATA	t from any other to	ease or pool	, give com	minglin	ng order ni	umbe <u>r:</u>					
Designate Type of Completio	n (V)	Oil Well	Gas We	ell N	lew Well	Workover	Deepen	Plugba	ck Same Res'v	N:00 P	
ate Spudded	Date Compl. R	eady to Proc	d.		otal Depti			_[')iff Res'v	
levations (DF, RKB, RT, GR, etc.)	Name of Produ							P. B. T.	D.		
forations	The of Flodi	enig Forma	пол		op Oil/Ga	s Pay		Tubing	ubing Depth		
								Depth (Casin; g		
HOLE SIZE	TU	JBING, CA & TUBING	SING AN	D CEN	1ENTING	RECORD		<u> </u>			
	CASINO	& LORING	SIZE			DEPTH SET			SACKS CEM	ENT	
	 							 			
TEST DATA AND REQUES	T FOR ALL										
IL WELL (Test must be after	FUR ALLO recovery of total vi	OWABL	E Id oil and :					<u> </u>			
te First New Oil Run To Tank	Date of Test	ounit of too	u on ana n	Pro	equal to o	or exceed top lethod	allowable , (Flow, pum	for this de	pth or be for full 24 hoi	irs)	
ngth of Test	Tubing Pressure			L	sing Press						
ual Prod. During Test	Oil - Bbls.			L_				Choke S	ize		
AS WELL				wa	ater - Bbls	•		Gas - MO	F		
tual Prod. Test - MCF/D	Length of Test			-				L			
ting Method (pilot, back press.)				Вы	is. Conden	isate/MMCF		Gravity o	f Condensate		
Tymos, ouck press.)	Tubing Pressure	(Shut - in)		Cas	ing Pressu	are (Shut - in)	Choke Si	ze		
hereby certify that the				+			<u>-</u> -				
hereby certify that the rules and regulation of the Division have been complied with and the structure and complete to the least of the	at the information					OIL	CONS	ERVA	TION DIVISIO	N	
true and complete to the best of my kno	wledge and belief	given above	e		Data A			1			
J.K. Kiplur				- 1		pproved			MAR U	9 1994	
ignature J. K. Ripley					Ву						
rinted Name	T.A.		_		Title_		ORIGI	NAL SIG	NED BY JERRY SE	XTON	
/3/94	Title (915)68	 37-7142						- bis fikr	ST I SUPERVISOR		
ate	(>10)00	,140		j							

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
- 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.

blank

Submit 5 Copies Appropriate District Office DISTRICT | P. O. Box 1980, Hobbs, NM 88240

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

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Departmer

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								- 112:			
Chevron U.S.A., Inc.									ell API No.) - 025-09996		
P. O. Box 1150, Midland, TX	79702										
Reason (s) for Filling (check proper box							Othei (Please ex	xplain)			
Recompletion	Char Oil	nge in Tran	_		107	_					
Change in Operator	Casinghead G	as		Dry Gas Condens							
If chance of operator give name			<u> </u>	Constant	iate A						
and address of previous operator II. DESCRIPTION OF WELI	ANDIFASI					-					
Lease Name	AND LEASI	E Well No	o.l Pool	Name, Ir	ncluding Fo	mation		- IV:	1 		
Mark									d of Lease e, Federal or Fee	Lease No.	
Location		14		Tubb (Oil & G	<u>as</u>			C, I cucia, c		
Unit Letter H	:	1980	_Feet Fi	rom The	Nortl	h 1	Line and	660	_ Feet From The	East Line	
Section 03 Townshi			Range		37E	,	, NMPM,	Lea			
III. DESIGNATION OF TRAI	NSPORTER (OF OIL	AND	NATU		S				County	
Name of Authorized Transporter of Oil		or Conde	nsate		Addr		Give address to	o which appro	ved copy of this fo	orm is to be sent)	
EOTT Oil Pipeline Co.				X							
Name of Authorized Transporter of Casin Warren Petroleun Co.	ighead Gas	or [D y Gas	X	Addr	ess (Citve address to	o which appro	77210-4666, Si	uite 2604	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is age	_i , O, j	Box 1589, Tu	usa, OK 7	4102	mas was semi	
give location of tanks.			1 44 2.	Ngo.	la gas		connected :	When?			
If this production is commingled with that	- f env other le			<u> </u>	<u></u> _	Yes			03/01/94		
If this production is commingled with that IV. COMPLETION DATA	110m any outer to	ase or poor	i, give co	mmingi	ing order nu	ımber:					
	·	Oil Well	Gas	Well	New Well	Worko	ver Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	n - (X) Date Compl. Re	Justa Dry	 						Saule Nes v	Diff Kes v	
				1	Total Deptl	i		P. B. T. D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	cing Forma	ation		Top Oil/Ga	s Pay		Tubing Dep	nth		
Peforations				1				`			
	Tr		 _		-	<u></u>		Depth Casir	1; g		
HOLE SIZE	T CASING	JBING, CA & TUBING	ASING A	AND CE	MENTING						
		α 10μ	JOIL		1	DEPTH S	ET	<u> </u>	SACKS CE	MENT	
	+			\Box				+			
	<u> </u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after	ST FOR ALL	OWABI	E					1			
OIL WELL (Test must be after) Date First New Oil Run To Tank	Thate of Test	olume of lo	rad oil ar	nd must l	be equal to	or exceed	i top allowable	for this depth	or be for full 24 f	hours)	
Length of Test				1	Producing N	Method	(Flow, pum	p, gas lift, etc	.)		
	Tubing Pressure	;		-	Casing Pres	sure		Choke Size	 -		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	s.		Gas - MCF			
GAS WELL						<u>"</u>		Gas - (vic.)	<u></u>		
Actual Prod. Test - MCF/D	Length of Test				On Condo	3.0					
Testing Method (vilot, back press)					Bbls. Conde			Gravity of Condensate			
esting Method (pilot, back press.)	Tubing Pressure	(Shut - in)		C	Casing Press	sure (Shur	t - in)	Choke Size			
I haraby comify that the miles and moule								L			
I hereby certify that the rules and regulat Division have been complied with and the	tions of the Oil Col	nservation				0	IL CONS	ERVATI	ION DIVISI	ION	
is true and complete to the best of my kn	nat the information nowledge and belie	i given abo if.	ve		Date /						
Signature Signature				Date Approved MAR 0 9 199							
J. K. Ripley	T.A.			1	_		ORIGI	INAL SIGN	ED BY JERRY		
Printed Name	Title		_		Title_		******	naws arold	ED BY JERRY TEUPERVISO	SEXTON	
3/3/94 Date	(915)6	87-7148						* • • • • • • • • • • • • • • • • • • •	i www.marywy	/ K	
Date	Teler	phone 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
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