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Appropriate District Office
DISTRICT 1
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State of New Mexico E gy, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

L

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRA	NSI	PORT OIL	AND NA	TURAL GA	S					
Operator VI C A	Wester								API No.			
Chevron U.S.A.,			30	2-025	-025-100 26							
P. O. Box 670, 1	lobbe. !	New Ma	exia	0 8824	n							
Resson(s) for Piling (Check proper box)		EM		5524		et (Please exple	rin)	· · · · · · · · · · · · · · · · · · ·				
Now Well		Change is			_	•	•					
Recompletion	Oil Crainghead		Dry		E	FECTIVE	DATE -	1-1-90				
A STATE OF THE STA	Свиндовно	U88	STREET, LIE	leasate 🔀						· · · · · · · · · · · · · · · · · · ·		
and address of pravious sign							······································			Marie and American Company ()		
IL DESCRIPTION OF WELL	AND LEA	SE								,		
Lesse Name									of Lease No.			
W. M. Kinewalt	The state of the s					y Dili Gas			, Pederal or Fee			
Unit Letter E	! 197	874	_									
Out Lines	. :		_ Feet	Prom The &	erth Li	e and7_5	P	et From The	Wes	Line		
Section 0 4 Township	223	5	Rea	37	E N	мрм,	Lea	a_		County		
III DESIGNATION OF TRAN	CDADTE		. TT A		5.1. 5.5							
III. DESIGNATION OF TRAN Name of Anthorized Transporter of Oli		or Coade			Address (Gi	e address to wh	ich energie	come of this	logue in to be	east)		
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 Casinghead Ges or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Warren Pet Well produces oil or liquids, Unit Sec. Two. Res											
rive location of tanks.	E	4	Typ.		-	ly connected?	When	1 8/	27/7	Ų		
If this production is commingled with that i	from may other	r lease or			ing order num	ber:	DHO	7, -12/	v /	<u>′</u>		
IV. COMPLETION DATA								<u> </u>	3			
Designate Type of Completion	- ന	Oil Well	. !	Cas Well	New Well	Workover	Deepea	Plug Back	Same Res'	v Diff Res'v		
Data Spudded	Date Compl	. Ready to	o Prod		Total Depth	<u> </u>	<u> </u>	<u> </u>	<u> </u>	l		
	,			1				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
rforations												
							•	Depth Casis	g Shoe			
	T	UBING.	CAS	ING AND	CEMENT	NG RECOR	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	 											
	 					****		 -				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>			<u>L</u>				
OIL WELL (Test must be after re	covery of lot	al volume	of load	d oil and must	be equal to o	exceed top allo	wable for this	depth or be	for full 24 h	ours.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pres				Casing Press			Choke Size				
						w.T		CHARLE SIZE				
Actual Prod. During Test	Oil - Bhis.				Water - Bbis		····	Gas- MCF				
	<u> </u>		·······					<u> </u>				
GAS WELL			_	_								
Actual Prod. Test - MCF/D	Leagth of T	eat			Bbls. Conde	sate/MMCF		Gravity of C	condensate	·		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Code Water							
				Casing Press	ure (3014-12)		Choks Size					
VL OPERATOR CERTIFIC	ATE OF	COME	AI PC	NCE				<u> </u>				
I hereby certify that the rules and regula	tions of the C	Oil Conner	matina		(OIL CON	SERV	ATION	DIVISI	ON		
Division have been compiled with and the true and complete to the best of my h	but the inform	natios siv	va abo	m 4	11		-	. = • •	ند .	70U		
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lemany					SAN							
Signature					By_		RIGINAL	SIGNED	M IDAM.	•		
C. L. Morrill Pristed Name	NM Are	a Pro	d. S	supt.			DIS	TRICT I SU	PERVISO	S SEXTON		
12-22-89	_	05) 39	3-41		Title							
Dela			phone		II					•		

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Pill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Porm C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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