Marc of New Mexico Energy, Minerals and Natural Resources Department

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

Appropriate District Office DISTRICT I 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 DIVISIO

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.							Well API No.	
Address P. O. Box 1150, Midland	TV						30 - 025-10049	
Reason (s) for Filling (check pro	TX 79702							
New Well	, , , , , , , , , , , , , , , , , , ,	Change in T			Other (Plea	se explain)		
Recompletion	Oil	Change in Tra	ansporter of: Dry	G., [₹]				
Change in Operator	Casingl	nead Gas		densate X				
If chance of operator give name and address of previous operator				<u> </u>				
II. DESCRIPTION OF V	VELL AND L	EASE						
		Well N	o. Pool Nam	e, Including Formation				
Mark		5	I				Kind of Lease State, Federal or Fee	Lease N
Location			Dri	ikard Oil & Gas			———	1
Unit Letter T	Ä.	0.00						
•		0660	_Feet From 7	he North	Line and	660	Feet From The	n .
	wnship 22S		Rang	37E	-		reet From The	East_ Lin
II. DESIGNATION OF ame of Authorized Transporter of	FRANSPORT	ER OF OIL		SID AT G	, NMPM,		Lea	County
ame of Authorized Transporter of	Oil E (IT to Conde	ensate	URAL GAS				
OTT Oil Pipeline Co.		ER OF OIL OTT Ehergy Effective	Pipeli X	Address	(Give addres.	s to which ap	proved copy of this fo	rm is to be sent
ame of Authorized Transporter of	Casinghead Gas		7 C24 T	P. O.	Box 4666, 1	Houston T	V 77310 4444 -	
varren Petroleun Co. well produces oil or liquids,		Url	y U 267					rm is to be
ve location of tanks.	Unit	Sec.	Twp. Rg	e. Is gas actually	Box 1589,	Tulsa, OK When?	/41012	- s to be sent)
				i	connected.	When?		
this production is commingled with COMPLETION DATA	th that from any oth	her lease or pool	give commi	Yes			03/01/94	
. COMPLETION DATA	1		, give commin	ging order number:				
Designate Type of Comp	letion (V)	Oil Well	Gas Well	New Well Works	ver Deeper	- In: : -		
ite Spudded	Date Com	pl. Ready to Pro	<u> </u>		Deeper	n Plugbaci	Same Res'v	Diff Res'v
		pi. Ready to Pro	d.	T				
evations (DE DVD DE ac				Total Depth		P. B. T. I).	
evations (DF, RKB, RT, GR, etc.)	Name of P	roducing Forma				P. B. T. I		
	Name of P	roducing Forma		Top Oil/Gas Pay		P. B. T. I		
	Name of P		tion	Top Oil/Gas Pay		Tubing D	Pepth	
orations		TUBING, CA	SING AND C	Top Oil/Gas Pay	P to		Pepth	
			SING AND C		RD ET	Tubing D	Depth sin; g	
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HOLE SIZE	CASI	TUBING, CA	SING AND C	Top Oil/Gas Pay EMENTING RECO	RD ET	Tubing D	Depth sin; g	ENT
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- 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.

Submit 5 Copies Appropriate District Office

Energy, Minerals and Natural Resources Department

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

DISTRICT I P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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										····		
Chevron U.S.A., Inc.										Well API No. 30 - 025-10049		
P. O. Box 1150, Midland, TX 70	/9702		-							50 020 200		
Reason (s) for Filling (check proper box)							Oth	ei (Please ex	xplain)			
New Well Recompletion	Chan	nge in Trans			-			774-	φ,			
Change in Operator	Oil Casinghead Ga	!		Dry Gas								
If chance of operator give name and address of previous operator	Cusing	<u>-</u>	<u> </u>	Condensa	ate X							
II. DESCRIPTION OF WELL	AND LEASI	ភ										
Lease Name	AND DEGREE	Well No.	Pool	Name, In	cluding For	matio	-n			Kind of Lease	1	
Mark		5	ł							Kind of Lease State, Federal or Fee	Lease	se No.
Location		13		Drinka	ard Oil &	¿ Gas	<u>;</u>		L			
Unit Letter P	٠.	0440	T 417	- 224	87 . 4							_
	 ·	0660	Feet Fr	rom The	North	1	_Line	and	660	Feet From The	<u>East</u>	Line
Section 03 Township			Range		37E		, <u>NM</u>	ИРМ,	I	Lea	Coun	
III. DESIGNATION OF TRAN	ISPORTER (OF OIL A	AND1	NATUI	RAL GA	S					Cour	ity
Name of Authorized Transporter of Oil		or Conden	ısate		Addre		(Giv	e address to	o which apj	proved copy of this fo	orm is to be s	-aut)
EOTT Oil Pipeline Co.	<u> </u>			X		ρΩ						?nij
Name of Authorized Transporter of Casing Warren Petroleun Co.	ghead Gas	or D	y Gas	X	Addre	ess	(Give	e address to	o which app	X 77210-4666, Su proved copy of this fo	ite 2604	-1
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	1, 796	P. O.	. BOX	1589. Lu	ulsa, OK	74102	rm is to be se	ent)
give location of tanks.		Ju.	Twp.	Rgc.	Is gas a	actuany	y conne	ected?	When?	· 		
If this production is commingled with that	f and other le			<u> </u>	Щ_	Yes				03/01/94	į	
If this production is commingled with that f IV. COMPLETION DATA	from any outer tea	ase or pool,	give co	mminglin	ng order nu	ımbe <u>r:</u>						
		Oil Well	Gas	Well	New Well	l Wor	kover	Deepen	Dinabaci	To BU		
Designate Type of Completion Date Spudded			1					Decp.,	Plugback	k Same Res'v	Diff Res'v	
	Date Compl. Re	ady to Prod	i.	¹	Total Depth	a			P. B. T. D	D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	cing Format	tion		Top Oil/Gas	e Pay			Tuhing [
Petorations	<u></u>								Tubing D			_
ТСОЛИСОН				_	 -				Depth Ca	asin; g		
HOLE SIZE	TU	BING, CAS	SING /	AND CE	MENTING	G REC	ORD		⊥			
HULE SIZE	CASING 8	& TUBING	SIZE	$\overline{}$	DEPTH SET					SACKS CE	MENT	
				-+					—		3.2	
	<u></u>					_			 			
V. TEST DATA AND REQUES	T FOR ALL	OWARI	<u> </u>									
CIL YYELL (Lest must be after re	ecovery of total vi	olume of loc	L ad oil a	and must f	t - caual to			,				
Date First New Oil Run To Tank	Date of Test		u on	P	Producing N	or exce Method	ed top	allovable f (Flow, pumj	for this dep	th or be for full 24 h	iours)	
I ength of Test	rigth of Test Tubing Pressure							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Actual Prod. During Test					Casing Press	sure			Choke Siz	ze		
Actual Prod. During Test Oil - Bbls.					Water - Bbis	s.			Gas - MCI	'F		
GAS WELL	<u> </u>							!		·		
Actual Prod. Test - MCF/D	Length of Test			В	Bbls. Conder	ate/	- 4MCF		T = 150 =			
Testing Method (pilot, back press.) Tubing Pressure (Shut - in)									Gravity of	f Condensate		
1, ,	lubing ricesure,	(Shut - 1n)		_ Ca	asing Press	ure (Sl	hut - in	1)	Choke Size	te .		
				-+				 -	L			
I hereby certify that the rules and regulation	ons of the Oil Cor	nservation					OIL	CONS	·EDVA	TION DIVISI		
invision have been complied with and tha	at the information	naiven abov.	/e						Env	ופוזוח אחון	ON	
is true and complete to the best of my kno	wledge and belief	f.			Date A	Appr	oved	1		MAF	R 09 19	994
GALKIPULET					Ву						1 0 0 30	דכו
Signature J. K. Ripley	T 4		_		-							
Pronted Name					Title ORIGINAL SIGNED BY JERRY SEXTON							
3/3/94	Title (915)68	87-7148						כוני	J'RIC: 1	SUFERVISOR		
Date		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
- 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.