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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TR	ANS	PORT OI	L AND NA	TURAL G	AS				
Operator Chevron U.S.A. Inc.							Well API No. 30-025-10092				
Address P.O. Box 1150, Midlan	nd Toys	ıs 79	702		 						
Reason(s) for Filing (Check proper bax)	Id, Texa	15 //	702		X Ou	et (Please exp	lain)		·		
New Well		Change is	•	sporter of:	Effectiv	e Date:	6/1/9	/ (NC)	r D) #0		
Recompletion	Oil Caringhea	4 Cas -	Dry Con	Gas L		Name :				well name.	
If change of operator give name and address of previous operator					riied to	Bilow di	II CIZACI	on and c	nunge II	name.	
IL DESCRIPTION OF WELL	ANDIE	A CP			· · · · · · · · · · · · · · · · · · ·			•		•	
Lesse Name Well No. Pool Name, Inclu							of Lesse No.				
Arrowhead Grayburg Uni	<u>it</u>	198		Arrowhead	d Graybui	g	State,	Federal of Fe			
Unit LetterE	231	.0	_ Feet	From The	North Lin	and <u>330</u>	Fe	et From The	West	Line	
Section 7 Townshi	p 22-S	•	Ran				ea			County	
						MEM, L	ea	-		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O		ND NATU		e address to w	hich approved	com of this f	orm is to be se	ent)	
Shell Pipeline					P.O. Box 1910, Midland, Texas 79701						
Name of Authorized Transporter of Casing Warren Petroleum Co.	phead Gas	or Dry Ges			Address (Give address to which approved P.O. Box 1589, Tulsa,			copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec.		Rge	is gas actually connected?			When 7			
	Е	7	22		Ye			Unk.			
If this production is commingled with that IV. COMPLETION DATA	Itom say oth	et lease of	pool,	Sive comming	ing cance man	Der:					
Designate Type of Completion	- 00	Oll Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	-	pl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
	i como el comente comune										
Perforations								Depth Casis	ig Shoe		
	Т	UBING,	CA:	SING AND	CEMENTI	NG RECOR	Œ	·!			
HOLE SIZE CASING &				3 SIZE	DEPTH SET			SACKS CEMENT			
	-	· 									
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	1			<u> </u>			
OIL WELL (Test must be after r			of loa	d oil and must					for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	115555			· · · · · · · · · · · · · · · · · · ·	1862 A-2-	enta/k/k/k ⁻²		Gravity of C	codenes/e		
Actual Prod. Test - MCF/D	Langin of	Longth of Test				Bbla. Condensute/MMCF			Clavely of Concession		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATF OF	COMI	PT TA	NCE	<u> </u>						
I hereby certify that the rules and regula	alloas of the	Oll Conse	rvatios)		OIL CON	ISERV	ATION	DIVISI)N	
Division have been compiled with and is true and complete to the best of my t			ren ebc) 46	11	Approve		्लाष्ट्राहर हैं	5 4-20-20 A.M.		
D.M Bohan					Dale	Orig. Si	igned by				
Signature					By_	Paul	Kautz ogist			 _	
D. M. Bohon Technical Assistant Title					Title	· Steel	vers .				
.5/28/91.	(915) 6		18		Title	<u></u>					
Date		Tel	ephone	Lo'	<u> </u>						

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