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

Finergy, Minerals and Natural Resources Department

LL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astosia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTR	<u>ANSP</u>	ORT O	L AND NA	TURAL G	AS				
Chevron U.S.A., Inc.							Well	API No.			
								30-025-10096			
P. O. Box 1150, Mid	land, T	х 79 [.]	702								
Reason(s) for Filing (Check proper box)					X Ou	net (Please expl	ain)			·	
New Well		Change i	а Тимир	orter of:	<u> </u>	(1					
Recompletion	Oil		Dry G		Old Wel		Matter				
Change in Operator	Casinghe	ad Cas	Conde	asste 🗌	To show	unitizat	tion and	d change	in well	l name	
If change of operator give name and address of previous operator							************				
•	4.040-										
II. DESCRIPTION OF WELL	AND LE		12 ::								
Arrowhead Grayburg U	ni+	Well No. Pool Name, Included Arrowhe						of Lease Federal or Fee	eese No.		
Location	214	Arrowhead Grayburg					Fee	<u></u>			
Unit LetterO	. 660	Λ.		_	01						
Unit Lates		<u> </u>	_ Feet F	rom The	South 1	e and <u>198</u>	<u> </u>	eet From The _	East	Line	
Section 7 Towns	ip 229	S	Range	37E	. N	MPM, Lea				0	
						шес			· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAI	<u>NSPORTI</u>	er of o	IL AN	D NATU	RAL GAS						
TA		or Conde	DENIG		Address (Gin	n address to wi	tick approve	l copy of this fo	rm is to be s	ent)	
Name of Authorized Transporter of Casi	acheed Coo										
та	These ON	لــا	or Dry	C44 []	Address (Gin	n address to wi	tich approved	copy of this form is to be sent)			
If well produces oil or liquids.	1 Unit	Sec	Twp.	1 9	le one order!				· · · · · · · · · · · · · · · · · ·		
live location of tanks.	1			i whe	is gas actuali	y connected?	When	17			
If this production is commingled with that	from any of	her lease or	pool gi	ve commine	ling order sumi	her	1				
IV. COMPLETION DATA								······································			
Designate Type of Completion	- 00	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spidded			L_		Total Depth	<u> </u>	<u>i</u>				
San Springer	Dete Com	Date Compl. Ready to Prod.						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	<u> </u>					
	The state of 1100 can growing to minute				ich cures i	r a y		Tubing Depth			
Perforations								Depth Casing Shoe			
								Depui Casing	200¢		
	NG AND	CEMENTIN	NG RECORI	D	.l						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							S.IONO CEMENT				
	<u>- </u>										
	 				· · · · · · · · · · · · · · · · · · ·					*	
. TEST DATA AND REQUE	ST FOD A	How	910				·				
						4. 4					
Date First New Oil Run To Tank	w and must	the equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
					i roomana ivito	mon la.c.su! him	r. gas igi, e	.,			
ength of Test	Tubing Pres	SELICE			Casing Pressur	re	·····	Choke Size			
				•							
Actual Prod. During Test	og Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Leagth of T	cat			Bbls. Condens	ate/MMCF		Gravity of Co	odenesia		
seting Method (pitot, back pr.)	Tubing Pressure (Shut-in)										
many manus (pute, eack pr.)	tente (Shut-	in)		Casing Pressure (Shut-in)			Choke Size				
T OPERATOR CERTIFIC	1000				r						
I OPERATOR CERTIFIC. I hereby certify that the rules and regula	ATE OF	COMPI	LIAN	CE		II CON	eenv.	TIONS			
DIVINOR have been complied with and t	had the inform		Bliog Bahowe	ł		IL COM	DEHVA	TION D	IVISIO	N	
is true and complete to the best of my k	nowledge in	d belief.		ļ	D-1-		1		c		
OV O'ala				i	Date /	Approved		1 4 199	1		
J. A. Killy					D. OBIGINAL CIGNED BY JEBBY SEVICES						
J. K. Ripley					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICY SUPERVISOR						
Printed Name Title					,						
1/12/94		(915)			Title_						
Date		Telepi	hone 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 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.