This form is not to be used for reporting packer leakage tests in Northwest New Mexico

Operator: Chevron USA, Inc.			Lease: A.L. Christmas (NCT-C)			Well No. 7
Location of Well	Unit: H	Sec: 18	Twp: 22	Rge: 37	County: Lea	
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art. Lift	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl	Eumont		Oil	Pump	Tbg	-
Lower Compl	Arrowhead		Oil	standing	Csg	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 Am 4/11/88

Well opened at (hour, date): 9:00 Am 4/12/88

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	65	30
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	65	30
Minimum pressure during test	65	30
Pressure at conclusion of test	65	30
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?	No change	No change

Well closed at (hour, date): 9:00 Am 4/13/88 Total Time On Production 24 hours

Oil Production During Test: ________ bbls; Grav. ________ ; Gas Production During Test ________ MCF; GOR ________

Remarks Lower zone is standing

FLOW TEST NO. 2

Well opened at (hour, date): ________

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		
Pressure at beginning of test		
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test		
Minimum pressure during test		
Pressure at conclusion of test		
Pressure change during test (Maximum minus Minimum)		
Was pressure change an increase or a decrease?		

Well closed at (hour, date) ________ Total time on Production 24 hrs

Oil Production During Test: ________ bbls; Grav. ________ ;Gas Production During Test ________ MCF; GOR ________

REMARKS: ________

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved: MAY 1 1 1988 19____
Oil Conservation Division

By [signature]
Geologist

Operator Chevron USA inc

By [signature]

Title Production Specialist

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
CHEVRON U.S.A. INC.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
A. L. Christmas (NCT-C)	7	Arrowhead	Fee	

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East
Line of Section 18 Township 22S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
~~NONE~~ TA	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
~~NONE~~	

If well produces oil or liquids, give location of tanks.	Unit.	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I					

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R. D. Pitts
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 14 1985, 19

BY Jerry Sexton

TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
CHEVRON U.S.A. INC.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Dry Gas
  - [ ] Casinghead Gas
  - [ ] Condensate
- Other (Please explain): Name Change Effective 7-1-85

If change of ownership give name and address of previous owner: Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
A.L. Christmas (NCT-C)	7	Eumont	Fee	

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East
Line of Section 18 Township 22S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp	Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petr.	Box 1589 Tulsa, OK 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	18	22S	37E	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R. D. Pitts
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 14 1985, 19

BY [illegible]

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☐ Fee XX

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

7. Unit Agreement Name

1. OIL WELL XX GAS WELL ☐ OTHER-

8. Farm or Lease Name: A. L. Christmas (NCT-C)

2. Name of Operator: Gulf Oil Corporation

9. Well No.: 7

3. Address of Operator: Box 670, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Eumont

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 22-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3413' GL

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

Acidized & reclassified to oil well.

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

3700' PB.

Treated Eumont perforations in 5-1/2" casing 3436 - 3516' with 1000 gallons of 15% NE acid. Flushed with 40 barrels of brine water. Swabbed and cleaned up. Set 2-3/8" tubing at 3551'. Ran rods and pump and returned Eumont zone to production. (Arrowhead zone is temporarily abandoned with Baker Model B tubing stop at 3595').

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED O. T. Berlin TITLE Area Engineer DATE January 31, 1977

APPROVED BY Orig. Signed by John Runyan TITLE _____ DATE FEB 3 1977

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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*
Well reclassified from Gas to oil and to show oil transporter and change in gas transporter. (Effective 1-1-77)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A. L. Christmas (NCT-C)	7	Eumont oil	State, Federal or Fee Fee	

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 18 Township 22-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Shell Pipe Line Corporation	Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	18	22-S	37-E	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: R-663

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. F. Berlin
(Signature)
Area Engineer
(Title)
January 31, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 2 1977, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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