Submit 5 Copies
Appropriate District Office
DISTRICT! P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-025-10351 Chevron U.S.A. Inc. Address P.O. Box 1150, Midland, Texas 79702 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well age in Transporter of: Effective Date: 6/1/9/ Recompletion Old Well Name : A.L. Christmas (NCT-C) #8 Dry Gas Oil X Change in Operator Filed to show unitization and change in name. If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lesse Arrowhead Grayburg Unit Leam No. 216 Arrowhead Grayburg State, Federal as Fee Location Unit Letter \_ A **.** 660 Feet From The North Line and 660 Feet From The \_\_East 18 22-S Township 37-E Lea Range NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate xx Shell Pipeline P.O. Box 1910, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1589, Tulsa, Oklahoma 74102 or Dry Gas if well produces oil or liquids, give location of tanks. Unit Sec Twp. Rgs. is gas actually connected? When ? 22S Yes Unk If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover Deepen Plug Back Same Res'v Gas Well Diff Rety Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE **DEPTH SET SACKS CEMENT** . TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure **Tubing Pressure** Gas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Leagth of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choka Siza VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief. Date Approved Orig. Signed by Paul Kautz Signature Bohon <u>Technical Assistant</u> Title. (915) 687-7148 Date Telephone 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 coverator multiname as more

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