Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

State of New Mexico

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
I.		IUIM	ANDEO	KI U	IL AND	ATUKAL	⊒ GAS					
Operator								IWe	ll API No.	 _		
Chevron U.S.A., Inc.					30 - 025-10355							
P. O. Box 1150, Midland, TX 79	9702											
Reason (s) for Filling (check proper box) New Wall						Othe	ei (Please ex	plain)				
Recompletion	Oil	hange in Tr		r of: Dry Gas								
Change in Operator	Casinghead	Gas		Conden								
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name		Well 1	No. Pool	Name, I	Including For	mation			d of Lease	Lease No.		
Arrowhead Grayburg Unit		231		Arrov	whead Gra	avburg		State	e, Federal or Fee			
Location						• <u>J =,</u>						
Unit Lette <u>r</u> I	_ :	1980	Feet F	From The	South	h Line	and	660	_ Feet From The	East Line		
Section 18 Township	228		Range	J	37E	, NM	IPM <u>,</u>	Lea	<u></u> _	County		
III. DESIGNATION OF TRAN	SPORTEF	₹ OF <u>O</u> I	L AND	NATU	RAL GA	S			· 			
PIAM PIAM Prized Temperature of Gil		or Con	ndensate		Addre		e address to	which appro	ved copy of this fo	form is to be sent)		
EOTT Signiful do 94 Texas-New	v Mexico Pin	oeli <u>ne</u>	· <u></u>	<u> </u>	P.O. Box 4666, Houston, TX 77210-4666, Suite 2604							
Name of Authorized Transporter of Casing	head Gas,	ه الله	or D y Gas		Address (Give address to which approved copy of this form is to be so							
If well produces oil or liquids,	Unit	Sec	Twp.	Rge.	Is gas :	actually conne	ected ?	When?				
give location of tanks.		<u></u> '				Yes			Unknown			
If this production is commingled with that f	rom any other	lease or p	ool, give c	omming	ling order nu	ımber:						
IV. COMPLETION DATA		Oil W	7-11 Ga.	s Well	Tx7 WAII	TTT. Jensing		1				
Designate Type of Completion				, Weii	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to I	Prod.		Total Depth	1		P. B. T. D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing For	mation		Top Oil/Ga	s Pay		Tubing Dep	oth			
Peforations	<u> </u>											
1 OSOLIMOLE .								Depth Casin	4 g			
HOLE SIZE	T CASIN	TUBING, NG & TUBI	CASING ING SIZE	AND C		G RECORD DEPTH SET			CACTE CT			
		0	1100-			JEF III OL.		 	SACKS CE	<u>MENT</u>		
	 											
V. TEST DATA AND REQUES OIL WELL (Test must be after re				1		34				, , , , , , , , , , , , , , , , , , ,		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	l volume o _j	f loga ou u	ind muss	Producing N	or exceea top Method	(Flow, pum	for this depth p, gas lift, etc.	or be for full 24 i	hours)		
Length of Test	Tubing Pressu								·/	•		
Actual Prod. During Test	Oil - Bbls.	1re			Casing Pres			Choke Size				
	Oli - Dois.				Water - Bbla	·		Gas - MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Tes	it			Bbls. Conde	ensate/MMCF	·	Gravity of C	ondensate			
Testing Method (pilot, back press.)	Tubing Pressu	are (Shut -	in)		Casing Press	sure (Shut - in	1)	Choke Size	Choke Size			
					 -	~						
I hereby certify that the rules and regulation have been complied with and the				J	I	OIL	. CONS		ION DIVIS	ION		
Division have been complied with and the is true and complete to the best of my kno			ibove		Date	Approved	A	FEB	17 1994			
OV Pinlan		About.		1	-	phiere	. ———		· · · · · · · · · · · · · · · · · · ·			
Signature				1	By _			Or	g. Signed by			
J. K. Ripley	1	l Thia Paul Kente "										
Printed Name		Geologist										

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date

Submit 5 Copies Appropriate District Office DISTRICTI 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.				02			o Gras					
Operator Chevron U.S.A., Inc.								1	Well API No. 30 - 025-10355			
Address P. O. Box 1150, Midland, TX 79	702							130	- 023-10333			
Reason (s) for Filling (check proper box)	7702					Oth	eı (Please ex	plain)				
New Well Recompletion	Chan Oil	nge in Trans		of: Dry Gas		_						
Change in Operator	Casinghead Ga	as		Condens								
If chance of operator give name and address of previous operator							······································		-			
II. DESCRIPTION OF WELL.	AND LEASI	E										
Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee										Lease No.		
Arrowhead Grayburg Unit 231 Arrowhead Grayburg												
Location												
Unit Letter I	— :——	1980	Feet Fr	rom The	South	Line	and	660	_Feet From The	East Line		
Section 18 Township	22S		Range		37E	, NN	ирм,	Lea	·	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER (NATU								
-	X	or Conde	nsate		Addr					orm is to be sent)		
EOTT Oil Pipeline Co., Texas-New Name of Authorized Transporter of Casing	Mexico Pipel		y Gas		Addr	P.O). Box 4666 ve address to	, Houston,	TX 77210-46	66, Suite 2604 orm is to be sent)		
1 7 2 2 2 1 1 1 1	Frod 7	Sec.	Twp.	Rge.	Is one	actually conf		When ?				
give location of tanks.					Is gas	•	iccied i	when :				
Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·					-						
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.						h	<u> </u>	P. B. T. D.	. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						s Pay		Tubing Dep	th			
Peforations					Depth Casir	ı; g						
HOLEGIZE				AND C		G RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET	·		SACKS CEMENT			
Y TROUBLAND DECKING												
V. TEST DATA AND REQUES OIL WELL (Test must be after re				ınd must	he equal to	or exceed to	n allowable	for this denth	or he for full 24	hours		
Date First New Oil Run To Tank	Date of Test				Producing 1	Method		p, gas lift, etc				
Length of Test	Tubing Pressure				Casing Pres	ssure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	s.		Gas - MCF				
GAS WELL	<u> </u>							<u>L</u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Cond	ensate/MMC	F	Gravity of Condensate				
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size				
	<u> </u>	, · · · ·										
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION FEB 1 7 1994							
is true and complete to the best of my kno			•••		Date	Approve	ed	r E P	1 1 1994			
O.K. Kirley						Ву						
Signature J. K. Ripley T.A.						Title Orig. Signed by Paul Kauts Geologist						
Printed Name 1/27/94	Title (915)	687-7148			•		-		Geologist			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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Telephone No

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-29 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ					D AUTHOR		1					
I. Operator	-	TOTR	ANSP	ORT O	IL AND N	IATURAL G		I ADI No					
Chevron U.S.A., Inc.								Well API No. 30-025-10355					
Address P.O. Box 1150 M	lidland, T	X 7970	2					 1	 				
Reason(s) for Filing (Check proper box)			 .			Other (Please exp	lain)						
New Well	orter of:	- ···· · · · · · · · · · · · · · · · ·											
Recompletion	Oil		Dry G					•					
Change in Operator If change of operator give name	Casinghe	ad Gas	Condet	nate									
and address of previous operator					·	·							
II. DESCRIPTION OF WELL	AND LE	Well No.	1										
Arrowhead Grayburg Unit		ding Formatio	OG.	State	d of Lease e, Federal or Fee	B-03	esse No.						
Location	· · · · · · · · · · · · · · · · · · ·							te	1	<u>-</u>			
Unit Letter	<u>. 1980</u>	· · · · · ·	_ Foot Pri	om The S	outh L	ine and 660	<u>·</u> 1	Feet From The E	ast	Line			
Section 18 Townsh	ip 2	25	Range	37E		NMPM,		Lea		County			
III. DESIGNATION OF TRAI	NSPORTE			D NATI									
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	X	or Conde	nsate		Address (C	ive address to w				int)			
Name of Authorized Transporter of Casil Texaco Expl & Prod In	ighead Gas	TX.	or Dry	Gas	P. O. Eox 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actus	P. O. Be		x 3000, Tulsa, OK 74102					
give location of tanks.				Ĺ		Yes		Unknown					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	e comming	ling order nu	mber:							
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Wel	1 Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		pl. Ready to	Prod.		Total Depti	<u> </u>	X	P.B.T.D.		<u> </u>			
		9/9/				3812'		3764'					
Elevations (DF, RKB, RT, GR, etc.) 3400° GE	Name of Producing Formation Grayburg				Top Oil/Ga	•		Tubing Depth					
Perforations		<u> </u>	3561'		Depth Casing	3752' Depth Casing Shoe							
······································		3561'-	3659'										
	· · · · · · · · · · · · · · · · · · ·				CEMENT	ING RECORD	D						
HOLE SIZE	CAS	SING & TL		ZE	ļ <u>.</u>	DEPTH SET		S/	CKS CEME	NT			
		10-3,				492'		200					
	5-1/2"					3693'			700	· · · · · · · · · · · · · · · · · · ·			
	2-7/8"					3752'		 					
V. TEST DATA AND REQUES					l								
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		of load oil	l and must					full 24 hour.	s.)			
9/9/91		9/26/9	1		Producing N	lethod (Flow, pun	<i>r.p., gas iyi, d</i> Pumping						
Length of Test 24 hrs	Tubing Pres				Casing Press	ure 30#		Choke Size	2"				
Actual Prod. During Test	Oil - Bbls.	30#			Water - Bbls		·	Gas- MCF					
58		5				53		18					
GAS WELL									-				
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conde	nsate/MMCF		Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size					
A UDED A TOD CED TIES	ATTE OF		1 1 4 3 7	70				<u> </u>		·			
/I. OPERATOR CERTIFIC. I hereby certify that the rules and regula				LE	(OIL CON	SERV	ATION D	IVISIO	N			
Division have been complied with and t							. -						
is true and complete to the best of my knowledge and belief.					Date Approved								
O. V Pinlan						, ,							
Signature					By SOURCE SECTION BY JERRY SEXTON								
J. K. Ripley V		Tech A	ssista Tide	nt	91								
11/8/91		(915)6	87-714	48	Title				-				
Date		Telep	hone No.										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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