

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

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

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

State of New Mexico
Bureau of Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Chevron USA, INC.

Well API No.
30-025-10450

Address
P. O. Box 688, Eunice, NM 88231

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:
Oil
Casinghead Gas

☐ Dry Gas

☐ Condensate

☒ Other (Please explain)
Request Temp Surface Commingle Permit
for Blinebry into Drk. & GWG # PC-509

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Ella

Well No.
1

Pool Name, including Formation
Blinebry

Kind of Lease
Surface Commingle or Fee

Lease No.

Location

Unit Letter
A

Section
25

Township
22S

Range
37E

Line and
660

Foot From The
EEL

Line

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
Texas New Mexico Pipeline

Name of Authorized Transporter of Casinghead Gas
Warren Pet

If well produces oil or liquids,
give location of tanks.

☒ or Condensate
☒ or Dry Gas

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2528 Hobbs, NM 88240

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589 Tulsa, Oklahoma 74102

Is gas actually connected?
Yes

When?
2-4-91

Unit
A

Sec.
25

Twp.
22S

Range
37E

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

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

IL 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.)

Initial First New Oil Run To Tank

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

VI. GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Producing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature
J. R. Allen

Area Operations Supervisor

Printed Name

505-393-8770 or 393-8772

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.