State of New Mexico

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Energy, Minerals and Natural Resources Department

DISTRICT P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P. O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.												
Operator VI C. A. V												
Chevron U.S.A., Inc.									1	Well API No.		
1	nd, TX 7	70703								30 - 025-24584	1.	
Reason (s) for Filling (check p	proper box	9702										
New Well	Toper July		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					Othei (Please e	explain)			
Recompletion		Ch Oil	hange in Tra	ansporter		_			-			
Change in Operator		Casinghead (	0	Δ	Dry G							
If chance of operator give name		Cdoinging,	Uas	<u> </u>	Conde	:nsate						
and address of previous operator	.; Ог								<del></del>			
_		<del></del>										
II. DESCRIPTION OF	WELL	AND LEAS	SE									
Lease Name			Well No	o. Poo	l Name,	, Including Fo	ormation		<del></del>	<del></del>		
Mark							A 11			Kind of Lease State, Federal or Fee	Lease No.	
Location						skelly	·		- 1	Fee Fee	1	
Location .										100		
Unit Letter	G	:	2172	Feet F	From The	- Nort			- = -			
		<del></del>	****	_1	foin in	ne <u>Nortl</u>	<u>h</u>	ine and	1972	Feet From The	e East Line	
	Township	22S		Range		37E	۸.	NMPM,	Ţ			
III. DESIGNATION OF	F TRAN	CPORTER	OF OIL					iNII ivi,		Lea	County	
Name of Authorized Transporter	of Oil	EOTT F.	or Conde	AND	NAIL					<u></u>		
		TX LEN	10 Fa	Insaic		Addr	ess (G	ive address to	o which app	proved copy of this fo	form is to be sent)	
Shell Pipeline Corp.		Effe.	TIVA AT	eline	[ <del>] -</del>							
Name of Authorized Transporter	of Casingh	nead Gas	or Dry	y Stas		Addre	ress (G	U. DOX 171	10, Midiar	nd, TX 79701		
If well produces oil or liquids,		<del></del>					1	We address no	wnien app	proved copy of this fo	orm is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	. Is gas	actually con	nnected ?	When?			
give tocation of tauss.			1		-	1		, , , , , , , , , , , , , , , , , , ,				
If this production is commingled	lab abot fr				Щ		, ,					
If this production is commingled IV. COMPLETION DA	with that m	om any other le	ase or pool	I, give co	omming	ling order ni	umber:					
IV. CUMPLETION DA	I'A											
Designate Type of Con	lation	AV)	Oil Well	Gas	Well	New Well	Workover	r Deepen	Plugback	k Same Res'v	Diff Res'y	
Date Spudded						<u> </u>	[		_	,	Dill Res y	
Date Spagged	,	Date Compl. R	eady to Pro	ıd.		Total Depth	n		P. B. T. D			
Elevations (DF, RKB, RT, GR, et	tc.)	Name of Produ	cing Form	ation		m 00/G/	<del></del>					
	<u> </u>	Trainio or	cing i oring	ition	!	Top Oil/Gas	s Pay		Tubing De	epth		
eforations								<del></del>	Tour Co	<del></del>		
									Depui Cas	using Shoe		
HOLE SIZE		TU	JBING, CA	ASING /	AND CI	EMENTING			<del></del>			
HOLE SIZE		CASING	& TUBING	G SIZE			DEPTH SET		T	SACKS CEI	MENT	
						<u> </u>					MENT	
						<del></del>						
			<del></del>			<del></del>			<u> </u>			
/. TEST DATA AND RE	OUEST	FOR ALL	OWABI	Tr.				———	<u> </u>	<u> </u>		
OIL WELL (Test must b	e after rec	overy of total v	olume of lo	alia Sad ail au	d muct	La squal to		•• •• •				
Date First New Oil Run To Tank	1	Date of Test	Marie cy	AG Uss	a mus.	Producing M	or exceed wy	p allowable jo	or this depti	th or be for full 24 ho	ours)	
						i Iouucing	icuiou	(Flow, pump	), gas tijt, et	tc.)		
ength of Test	т	Tubing Pressure	3		7	Casing Press	sure		Choke Size			
ctual Prod. During Test									Chora	•		
ctual Prod. During 1650	ا	Oil - Bbls.				Water - Bbls.	i.		Gas - MCF			
SAS WELL	L								<u></u>			
ctual Prod. Test - MCF/D		Tagt	<del></del>									
cluar from rost - more	٦	Length of Test			11	Bbls. Conder	nsate/MMCI	F	Gravity of	Condensate		
esting Method (pilot, back p	press.) T	Tubing Pressure	(Shut - in)		-+	Casing Pressi	/Chut /	<del>  </del>	C:-	<del></del>		
·	- 1				1	Sasing 1 1000	are (Suut - 11	n)	Choke Size	3		
T. OPERATOR CERTIF	FICATE	OF COMP	LIANC	E.				<del></del>				
I hereby certify that the rules and							ΔII	CONC				
Division have been complied wi	ith and that	the information	ASCI VALION		-		OIL	- CONSI	EHVAI	TION DIVISION		
is true and complete to the best of	All auu uiu. ∿f mu knou	uic illiormation and helic	given and	ve		Data /	•	-		FEB Og	a tona	
12 D. 1.	A my Ruon.	leage and ocue.	t.			Date 4	Approved	d			) 1333 	
J.K. KIDLL	12				- 1	Ву	ONG	INAL SIGN	arn e? "	EXTON		
Signature	7					-,		BE THE	T SUPER	ALICAN		
J. K. Ripley	(/	T.A.				Title		* r~	i I⊅Uisen	RAISOR		
Printed Name	<del></del>	Title				1100_						
2/5/93			(97 71 40		- 1							

- 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 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.

State of New Mexico

Submit 5 Copies Appropriate District Office **DISTRICT I** 

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

P.O. Box 1980, Hobbs, NM 88240

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS

Operator								- Iwa	H A DI M		
Chevron U.S.A., Inc.									il API No. <b>) - 025-24584</b>		
P. O. Box 1150, Midland, TX	70702										
Reason (s) for Filling (check proper box.	)					T 04		<del></del>			
New Well		hange in Tra	ansnorter	· of·			nei (Flease ex	:plain)			
Recompletion	Oil		X	Dry Ga	ıs 🗍						
Change in Operator	Casinghead	Gas		Conden							
If chance of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	CI.									
Lease Name	WIND DISCH	Well N	In. Pool	Name.	Including Fo	-motion		11/2			
									d of Lease e, Federal or Fee	Lease No.	
Location		9	Penr	ose SI	kelly (	1.64 - 100			Fee		
Unit Letter G	:	2172	_Feet F	rom The	e <u>Nortl</u>	1Line	e and	1972	_Feet From The	East_Line	
Section 03 Township	228		Range	<u> </u>	37E	, NN	мРМ,	Lea	1	County	
III. DESIGNATION OF TRAN	SPORTER	of on	AND	NATU	J <b>RAL GA</b>	S					
Name of Authorized Transporter of Oil		or Cond			Addr		e address to	which appro	ved copy of this fo	orm is to he sent)	
Shell Pipeline Corp.	X										
Name of Authorized Transporter of Casing	ohead Gas	> or Dr	ry Gas		1 Adds	P. C	). Box 1910	1910, Midland, TX 79701 s to which approved copy of this form is to be sent)			
waven fet	;iicau Gas	ULDI	y Gas	<u> </u>	_   Addre	ess (Giv	e address to	which approv	ved copy of this fo	orm is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	. Is gas :	actually conn	nected?	When?			
give location of tanks.					y - 2" >						
If this production is commingled with that	from any other	lease or por	ol, give co	omming	ling order nu	mber:		<del></del>			
IV. COMPLETION DATA											
Designate Type of Completion	n - (X)	Oil We	II Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.		Total Depti	<u></u>	<u> </u>	P. B. T. D.	<u> </u>		
								1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	lucing Forn	nation		Top Oil/Ga	s Pay		Tubing Depth			
Peforations	<u> </u>				<u></u>			Danch Casin	Ct		
								Depth Casin	ig Shoe 0		
HOLE CITE	T CASPI	TUBING, C	CASING	AND C	EMENTING						
HOLE SIZE	CASING	G & TUBIN	1G SIZE		II	DEPTH SET			SACKS CE	MENT	
	<del>                                     </del>				<del> </del>						
									<del></del>		
THE PROPERTY AND DESCRIPTION OF THE PROPERTY O											
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume of	load oil a	nd must	be equal to	or exceed top				ours)	
Date Plist New Oil Ruli 10 Talik	Date of Test			1	Producing N	Aethod	(Flow, pump	o, gas lift, etc.	)		
Length of Test	Tubing Pressu	ire			Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	s.		Gas - MCF	<del></del>		
O A O NEJECT T				]							
GAS WELL Actual Prod. Test - MCE/D	Transh of Tee				51. 0. 1	2.07.60					
ctual Prod. Test - MCF/D Length of Test				ļ	Bbls. Conde	ensate/MMCI	F	Gravity of Co	ondensate		
esting Method (pilot, back press.) Tubing Pressure (Shut - in)					Casing Press	sure (Shut - i	n)	Choke Size			
VI. OPERATOR CERTIFICAT	E OF COM	(PLIAN	CE		<del> </del>						
I hereby certify that the rules and regulat						OIL	CONS	FRVAT	ION DIVISI	ION	
Division have been complied with and the				}				<b>L</b>			
is true and complete to the best of my kn		Date Approved FEB 09 1993									
OV Pinly	•					- •		sito t			
J. M. Milly					By OMERNE REMED E RATEN						
Signature J. K. Ripley	T.A.			-	Title						
Printed Name	Title				- This_						
2/5/93		5)687-7149	8								
Date		lephone No									

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