State of New Mexico Energy, Minerals and Natural Resources Department

ale NEA 22210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III	Santa Pe, New Mexico 87504-2088										
DISTRICT HI 1000 Rie Berzos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
I. Openier		IO TFA	INSPC	<u> MT OIL</u>	AND NA	TURAL GA					
Chevron U.S.A.,	Inc.							025- 0	2482	P	
P. O. Box 670,	Hobbs,	New Mo	exico	88240)						
Reseas(s) for Pilling (Check proper box)					☐ Oth	or (Please expla	<u>(4)</u>				
New Well Recompletion Chance in Coursier	Oli	Change le M ***********************************	Dry Gu	. 0	_	Effec		1-1-90	Service and the service of the servi		
If change of operator give name and address of previous operator	اللغاد بي		A worth	Black months					4. T		
IL DESCRIPTION OF WELL	AND LE	SE		ati atulik (, , ,) ili, ili a miy yeng						•	
Lease Name			Pool No	me, lactudi	ng Formation			Lesse	L	esse No.	
H. T. Mattern CN	T. Mattern (NCTB) 9 Drinka					State, F					
Unit Letter	.:_8	10	_ Post Pro	22 The 🔏	erth us	and _46	0 Po	et From The _	West	Line	
Section 06 Township 225 Range 37E NMPM, Lea County											
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	D NATE	RAI. GAS						
Name of Ambodized Transporter of Oil	(X)	or Conde			Address (Giv	e address to wi	rich approved	copy of this for	m is to be a	ent)	
Pride Pipeline Company					P.O. Bo	x 2436,	Abilene	, Texas	79604		
Name of Authorized Transporter of Caring Warren Pet	head Gas		or Dry	Coas	Address (Giv	e eddress to wi	ich approved	copy of this for	m is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. A 1 22 37				is gas actually connected? When When						
If this production is commingled with that !	tom any oth	er lease or	pool, giv	e commine	ing order sum	ber:		HC - 5	26		
IV. COMPLETION DATA									7 U		
Designate Type of Completion	- (X)	Oll Well		Jes Well	New Well	Workover	Deepes	Plug Back	iame Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth		• · · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
rioralions								Depth Casing Shoe			
								Sopial Casing Gibbs			
	7	UBING,	CASI	NO AND	CEMENTI	NG RECOR	D	<u>'</u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		S	ACKS CEM	ENT	
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								ļ			
V. TEST DATA AND REQUES	T FOR A	LLow	ABLE		L			<u> </u>			
OIL WELL (Test must be after re				il and must	be equal to or	exceed too allo	mable for this	t depth or be fo	e full 24 hou	es l	
Date First New Oil Run To Tank	covery of total volume of load oil and must 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	L				<u> </u>			<u> </u>			
Actual Prod. Test - MCF/D	Leagth of Test				Bbls. Condes	sate/MMCF		Gravity of Condensate			
Testing Method (pitet, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		

VL OPERATOR CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION DIVISION JAN 0 5 1990

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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.
 5) Pill 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.

RECEIVED

DEC 2 0 1989

OCD HOBBS OFFICE