

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
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
Energy, Minerals and Natural Resources Department

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

Form C-105
Revised 1-1-89

WELL API NO.
30-025-25499

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

A. L. Christmas (NCT-C)

8. Well No.
9

9. Pool name or Wildcat
Eumont Yates 7R Queen

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. Type of Completion:
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☒ DIFF RESVR ☐ OTHER ☐

2. Name of Operator
Chevron U.S.A., Inc.

3. Address of Operator
P.O. Box 1150 Midland, TX 79702

4. Well Location
Unit Letter G: 1680 Feet From The North Line and 2166 Feet From The East Line
Section 18 Township 22S Range 37E NMPM Lea County

10. Date Spudded
11. Date T.D. Reached
12. Date Compl. (Ready to Prod.)
10/23/91
13. Elevations (DF& RKB, RT, GR, etc.)
3417' GE
14. Elev. Casinghead

15. Total Depth
6750'
16. Plug Back T.D.
5365'
17. If Multiple Compl. How Many Zones?
18. Intervals Drilled By
Rotary Tools
Cable Tools
☒ ☐

19. Producing Interval(s), of this completion - Top, Bottom, Name
3430'-3566' Yates 7R Queen
20. Was Directional Survey Made
No

21. Type Electric and Other Logs Run
N/A
22. Was Well Cored
No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
No New Casing					

LINER RECORD					TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	3577'	

26. Perforation record (interval, size, and number)				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
3430'-3566' 4" 1 JHPF (26 holes)				DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
				3430-3566'	1250 gals 15% NEFE, 52,000 gals gel, 80,000# sd

PRODUCTION

Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)					Well Status (Prod. or Shut-in)	
10/25/91		Pumping					Prod	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio	
10/27/91	24	2"		30	258	44	8600	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)		
30#	30#		30	258	44	30.0		

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
Sold
Test Witnessed By

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature J. K. Ripley Printed Name J. K. Ripley Title Technical Assistant Date 11/8/91

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

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1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.	Well API No. 30-025-25499
Address P.O. Box 1150 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Christmas (NCT-C)	Well No. 9	Pool Name, Including Formation Eumont Yates 7R Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1680</u> Feet From The <u>North</u> Line and <u>2166</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Operating Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas Warren Petroleum <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When ? 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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 10/23/91		Total Depth 6750'		P.B.T.D. 5365'			
Elevations (DF, RKB, RT, GR, etc.) 3417' GE	Name of Producing Formation Yates 7R Queen		Top Oil/Gas Pay 3430'		Tubing Depth 3577'			
Perforations 3430'-3566'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE No New Casing	CASING & TUBING SIZE 2-3/8" tubing		DEPTH SET 3577'		SACKS CEMENT			

V. 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.)

Date First New Oil Run To Tank 10/25/91	Date of Test 10/27/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#	Choke Size 2"
Actual Prod. During Test 74	Oil - Bbls. 30	Water - Bbls. 44	Gas- MCF 258

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing 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.

J. K. Ripley

Signature

J. K. Ripley

Tech Assistant

Printed Name

11/8/91

Title

(915)687-7148

Date

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.