

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.

30-025-25645

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 D: 560 Feet From The North Line and 810 Feet From The West Line

Section 18

Township 22S

Range 37E

NMPM Dea

County

10. Date Spudded

11. Date T.D. Reached

12. Date Compl. (Ready to Prod.)

8/27/92

13. Elevations (DF & RKB, RT, GR, etc.)

3433' GR

14. Elev. Casinghead

15. Total Depth

6700'

16. Plug Back T.D.

5815'

17. If Multiple Compl. How Many Zones?

18. Intervals Drilled By

Rotary Tools

Cable Tools

X

20. Was Directional Survey Made

19. Producing Interval(s), of this completion - Top, Bottom, Name

5474'-5640' Blinebry

21. Type Electric and Other Logs Run

22. Was Well Cored

23.

CASING RECORD (Report all strings set in well)

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

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2-3/8"	5334'
						5334'

26. Perforation record (interval, size, and number)

5474'-5640' 4" 2 JHPF (116 holes)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
5474'-5640'	15 bbls 15% NEPE HCL. 49.00
	gals G-3000. 19,000# 16/30
	sd

28. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
8/31/92		Flowing				Prod	

Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
9/28/92	24	24/64		40	62	90	1550
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
75#	--		40	62	90	34.2	

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 Tech Assistant

Date 10/13/92

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

OIL CONSERVATION DIVISION
P.O. Box 2088
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

Operator <u>Chevron U.S.A., Inc.</u>	Well API No. <u>32-025-25645</u>
Address <u>P. O. Box 1150, Midland, TX 79702</u>	
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 <u>Cancel Lease and allow.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A. L. Christmas (NCT-C)</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Blinebry</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>D</u> : <u>560</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>West</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436, Abilene, TX 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
		Is gas actually connected? <u>Yes</u> When ? <u>Unknown</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <u>8/27/92</u>	Total Depth <u>6700'</u>	P.B.T.D. <u>5815'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3433' GR</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>5474'</u>	Tubing Depth <u>5334'</u>					
Perforations <u>5474' - 5640'</u>	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No New Casing								

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 <u>8/31/92</u>	Date of Test <u>9/28/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>75#</u>	Casing Pressure <u>--</u>	Choke Size <u>24/64</u>
Actual Prod. During Test <u>130</u>	Oil - Bbls. <u>40</u>	Water - Bbls. <u>90</u>	Gas - MCF <u>62</u>

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 Technical Assistant
Printed Name
10/13/92 Title
Date
(915) 687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/1/92
By Paul Kautz Orig. Signed by
Geologist
Title

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

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

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