

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
Energy, 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

Operator	Chevron U.S.A., Inc.	Well API No.	30-025-25670
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

Cancel Blinbury O+G allow

II. DESCRIPTION OF WELL AND LEASE

Lease Name	A. L. Christmas (NCT-C)	Well No.	16	Pool Name, Including Formation	Eumont -Y-SR-QN	Kind of Lease State, Federal or Fee	Lease No.
Location	Unit Letter M : 810 Feet From The South Line and 710 Feet From The West Line						
	Section 18	Township 22S	Range 37E	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)				
Pride Operating Company		P. O. Box 2436, Abilene, TX 79604				
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)				
Warren Petroleum		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?	When ?
					Yes	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	11/13/91		6700'		3660'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3461' GR	Penrose		3469'		3648'			
Perforations	3469'-3605'				Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing Set			
	2-3/8"	3648'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/15/91	11/16/91	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	35#	35#	W.O.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
108	68	40	300

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

12/20/91

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.

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
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Santa Fe, New Mexico 87504-2088

Form C-105
Revised 1-1-89

WELL API NO.
30-025-25670

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.
16

9. Pool name or Wildcat
Eumont

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 ☒ DEEP 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 M : 810 Feet From The South Line and 710 Feet From The West Line
Section 18 Township 22S Range 37E NMPM Lea County

10. Date Spudded
11. Date T.D. Reached
12. Date Compl. (Ready to Prod.)
11/13/91
13. Elevations (DFA RKB, RT, GR, etc.)
3461' GR
14. Elev. Casinghead

15. Total Depth
6700'
16. Plug Back T.D.
3660'
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
3469'-3605' Penrose
20. Was Directional Survey Made
No

21. Type Electric and Other Logs Run
None
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 Set					

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	3648'	3648'

26. Perforation record (interval, size, and number) 3469'-3605' 4" 1 JHPF (22 holes)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	3469'-3605'	2000 gals 15% NEFE, 51,000 gals gel, 63,000# sand

PRODUCTION

Date First Production 11/15/91		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping					Well Status (Prod. or Shut-in) Prod	
Date of Test 11/16/91	Hours Tested 24	Choke Size W.O.	Prod'n For Test Period	Oil - Bbl. 68	Gas - MCF 300	Water - Bbl. 40	Gas - Oil Ratio 4412	
Flow Tubing Press. 35# PTP	Casing Pressure 35#	Calculated 24- Hour Rate	Oil - Bbl. 68	Gas - MCF 300	Water - Bbl. 40	Oil Gravity - API - (Corr.) 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 12/20/91