STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [ ] Dry Gas
  - [ ] Condensate

Other (Please explain)
CHANGE IN NAME OF OIL TRANSPORTER

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
A.L. CHRISTMAS "C"	16	BLINEBRY	FEE	

Location
Unit Letter M : 810 Feet From The SOUTH Line and 710 Feet From The WEST

Line of Section 18 Township 22S Range 37E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
TEXACO INC	P.O. BOX 728 HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	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
	M	18	22S	37E	YES	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

L. M. Sanders
(Signature)
NM AREA SUPT.
(Title)
10-15-86
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 20 1986, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

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		X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-4-77	9-9-86	6700'	6165'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3461'	BLINEBRY	5715'	5535'
Perforations			**Depth Casing Shoe**
5715' - 5544'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NO NEW CASING			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-9-86	10-1-86	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	30 psi	30 psi	Lo
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
48	20	320	146

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

RECEIVED
OCT 17 1986
HOBBS, NEW MEXICO

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Chevron U. S. A. Inc.

Address: P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [X] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [X] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain):

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A.L. CHRISTMAS "C"	16	BLINEBRY	State, Federal or Fee FEE	

Location

Unit Letter M : 810 Feet From The SOUTH Line and 710 Feet From The WEST

Line of Section 18 Township 22S Range 37E , NMPM. LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
TEXACO PROD INC	P.O. BOX 1137 EUNICE NM 88231
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	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
	M	18	22S	37E	YES	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)

NEW MEXICO AREA SUPT.
(Title)

10-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1986, 19 _____

BY Orig. Signed by Paul Kautz

TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 2

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	X			X		X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-4-77	9-9-86	6700'	6165'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3461'	BLINEBRY	5715	5535'

Perforations	Depth Casing Shoe
5715-5544'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
W. NEW MEXICO			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-9-86	10-1-86	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS.	30psi	30psi	lor
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
48	20	320	146

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

RECEIVED
OCT 6 1986
HOBBS OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-1-76

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

1a. TYPE OF WELL — OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER

b. TYPE OF COMPLETION — NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ OTHER

7. Unit Agreement Name

8. Farm or Lease Name: A.L. Christmas (NCT-C)

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

9. Well No.: 16

3. Address of Operator: P.O. Box 670 Hobbs, NM 88240

10. Field and Pool, or Wildcat: Blinebry

4. Location of Well: UNIT LETTER M LOCATED 810 FEET FROM THE South LINE AND 710 FEET FROM THE West LINE OF SEC. 18 TWP. 22S RGE. 37E NMPM

12. County: Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
10-14-77	10-25-77	9-9-86	3461' GL	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
6700	6165		→		

24. Producing Interval(s), of this completion — Top, Bottom, Name: 5715-5544 Blinebry

25. Was Directional Survey Made

26. Type Electric and Other Logs Run: GR

27. Was Well Cored

28. CASING RECORD (Report all strings set in well)

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

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	5535	

31. Perforation Record (Interval, size and number)

5715-5544 16-1/2" Holes

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
5715-5549	4000 Gal 15% NEFE HCL
5715-5549	113000 Gal X/L Gel 230000# Sand

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
9-9-1986	Pump	

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
10-1-86	24	WO		16	0	32	0

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
30 psi	30 psi		16	0	32	

34. Disposition of Gas (Sold, used for fuel, vented, etc.): SOLD

Test Witnessed By

35. List of Attachments: C-104

36. 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.

SIGNED C. L. MORRILL TITLE NM AREA SUPT DATE 10-1-86

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than ... days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy		T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt		T. Strawn		T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt		T. Atoka		T. Pictured Cliffs		T. Penn. "D"	
T. Yates		T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers		T. Devonian		T. Menefee		T. Madison	
T. Queen		T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg		T. Montoya		T. Mancos		T. McCracken	
T. San Andres		T. Simpson		T. Gallup		T. Ignacio Qtzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		T. Gr. Wash		T. Morrison		T.	
T. Tubb		T. Granite		T. Todilto		T.	
T. Drinkard		T. Delaware Sand		T. Entrada		T.	
T. Abo		T. Bone Springs		T. Wingate		T.	
T. Wolfcamp		T.		T. Chinle		T.	
T. Penn.		T.		T. Permian		T.	
T. Cisco (Bough C)		T.		T. Penn. "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from..... to..... No. 4, from..... to.....

No. 2, from..... to..... No. 5, from..... to.....

No. 3, from..... to..... No. 6, from..... to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from..... to..... feet. .....

No. 2, from..... to..... feet. .....

No. 3, from..... to..... feet. .....

No. 4, from..... to..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

7. Unit Agreement Name

OIL WELL ☒ GAS WELL ☐ OTHER-

ame of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name
A.L. Christmas (NCT-C)

ddress of Operator
P.O. Box 670 Hobbs, NM 88240

9. Well No.
16

ocation of Well
UNIT LETTER M , 810 FEET FROM THE South LINE AND 710 FEET FROM

10. Field and Pool, or Wildcat
Bilinebry

THE West LINE, SECTION 18 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3461' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
L OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER TA'd Tubb Completed Blinebry ☒	
OTHER ☐			

Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Set CIBP @ 6200' and capped with 35' of cement. Tested CIBP to 500psi for 30 minutes. (OK). Perforated 5715-5544 with 16-1/2" holes. Acidized with 4000 gallons 15% NEFE HCL. Fracture treated with 113000 gallons X-linked gel and 230000# Ottowa sand. Equiped to pump. Returned to production as a Blinebry producer. Work performed 9-8-1986 thru 9-14-1986.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

D Richard R. Kidd TITLE Division Drilling Manager DATE 9-22-1986

ORIGINAL SIGNED BY JERRY SEXTON
IVED BY DISTRICT I SUPERVISOR TITLE _____ DATE SEP 29 1986

DITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well

OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name: A.L. Christmas (NCT-C)

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

9. Well No.: 16

3. Address of Operator: P.O. Box 670 Hobbs, NM 88240

10. Field and Pool, or Wildcat: Blinebry

4. Location of Well: UNIT LETTER M LOCATED 810 FEET FROM THE South LINE AND 710 FEET FROM THE West LINE OF SEC. 18 TWP. 22S RGE. 37E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
	Blinebry	Pulling Unit

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3461' GL	Blanket	Unknown	A.S.A.P.

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No New Casing					

TA Tubb by setting CIBP @ 6200'. Perforate Blinebry from 5544' - 5717'. Acidize and fracture treat as necessary. Equip to pump. Return to production as a Blinebry producer.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed D. H. Barker Jr. Title Division Drilling Manager Date 8-22-1986

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE AUG 29 1986

CONDITIONS OF APPROVAL, IF ANY: