State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT

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

Energy, Minerals and Natural Resources Department

Form C-104

Revised 1-1-89

See Instructions

at Bottom of Page

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30 - 025-25878 Address P. O. Box 1150, Midland, TX 79702 Reason (a) for Filling (check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If chance of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Arrowhead Grayburg Unit **233** Arrowhead Grayburg Location Unit Letter K : 2310 Feet From The South Line and \_ 1880 Feet From The West Line Section 18 Township **22S** 37E Range . NMPM. Lea County Name of Auto-Hard Open Condensate Address Address (Give address to which approved copy of this form is to be sent) Effective 4-1-04
EOTT Oil Pipeline Co., Texas-New Mexico Pipeline P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 Name of Authorized Transporter of Casinghead Gas or Dy Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Twp. Unit Rgc. Is gas actually connected? When? give location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Oil Well Gas Well Plugback Diff Res'v Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P. B. T. D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Peforations Depth Casin; g TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL 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.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back press.) Tubing Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 1 7 1994 is true and complete to the best of my knowledge and belief. **Date Approved** Orig. Signed by Ву Signature Geologist J. K. Ripley T.A 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

(915)687-7148

Telephone No.

- 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.

Printed Name

1/27/94

Date

State of New Mexico Energy, Minerals and Natural Resources Department

Submit 5 Copies Appropriate District Office DISTRICTI

P. O. Box 1980, Hobbs, NM 88240

## **OIL CONSERVATION DIVISION**

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

P. O. Box 2088

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

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

I												
Operator Chevron U.S.A., Inc.										ell APÏ No. 0 - 025-25878		
Address P. O. Box 1150, Midland, TX 79702												
Reason (s) for Filling (check proper box)  Other (Please explain)												
New Well	Change in	Transp	orter of:								•	
Recompletion Oil X Dry Gas												
Change in Operator	Casinghead Gas		C₀	ndensa	te 🔲							
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name Well No. Pool Name, In						ncluding Formation				nd of Lease	Lease No.	
Arrowhead Grayburg Unit 233 Arrow					vhead Grayburg				Sta	ate, Federal or Fee		
Location												
Unit Letter K	:2310	<u> </u>	Feet Fron	n The	South	Li	ne and		1880	Feet From The	West Line	
Section 18 Township			Rangi		37E		MPM,		Le	-9	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
	X									** *	·	
EOTT Oil Pipeline Co., Texas-New Name of Authorized Transporter of Casingle		or D	y Gas		Addr					n, TX 77210-466 oved copy of this fo		
TRADED EXDIT		ح ال	y Cas		<b>.</b>	· · · · · · · · · · · · · · · · · · ·			wисн аррі		rm is to be sent;	
If well produces oil or liquids, give location of tanks.	Unit Sec	·   '	Twp.	Rge.	Is gas a	actually co	nnected	?	When?			
give location of failes.						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		Well	Gas W	/ell	New Well	Workov	er De	epen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod	1.	-	Total Depti	n .	Щ.,		P. B. T. D	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Peforations Depth Casin; g												
HOLESTE	MENTING RECORD				SACKS CEMENT							
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
					+							
										····		
	L											
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)												
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	e oj to	аа он ап		pe equal to Producing				p, gas lift, e		nours)	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test					Water - Bbls.				Gas - MCF			
Actual Frod. During Test	Oil - Bbls.				water - DDIs.			Gas - MCC				
GAS WELL									<del>,</del>		<del></del>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size				
Therefore exists that the rules and results	ions of the Oil Conse	tion					)II C	ONS	FRVA	TION DIVIS	NON.	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved				FEB 1 7 1994			
J. K. Kipley					Ву				Orig. Signed by Paul Kautz			
Signature  J. K. Ripley  T.A.					Title Geologist							
Printed Name	Title					-						
1/27/94	(915)687-											
Date	Telepho	ne No.		l								

- 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.