Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Es. , Minerals and Natural Resources Departmen.

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	<u>ANS</u>	PORT O	<u>L AND NA</u>	TURAL G					
								Well API No.			
Chevron U.S.A., Inc.							3002526051				
			010								
P. O. Box 670 I Reason(s) for Filing (Check proper box)	Hobbs, 1	NM 88.	240								
New Well		Change is	. Tree	sporter of:		set (Please exp	lain)				
Recompletion X	Oii		Dry	_							
Change in Operator	Caninghe	u Gas ☐		deamte							
If change of operator give name			,					71	4 .	<u> </u>	
and address of previous operator								Canc	el W	antacker	
IL DESCRIPTION OF WELL	AND LE	ASE								*)	
Lease Name		Well No.			ing Formation		Kind	of Lease	ī	ease No.	
Mark		ll Blinebry				State,	Me, Federal or Fee				
Location					_						
Unit LetterA	_ :	430	_ Feet	From The	North	961 and		eet From The	East	Line	
.	. 220	-		275	-					1400	
Section 3 Townsh	ip 229	5	Ran	37E	, N	MPM,	Lea	1		County	
III. DESIGNATION OF TRAI	JCDADTE	D OF O	TT A	ATTA AT A FEW S	D.1.						
Name of Authorized Transporter of Oil	X	or Conde		ND NATU			.h.'h	4			
Shell Pipeline			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910 Midland, TX 79701								
Name of Authorized Transporter of Casis	ry Gas	Address (Give address to which approved copy of this form is to be sent)									
Warren Petroleum		X						ilsa, OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	· · · · · · · · · · · · · · · · · · ·			When ?			
give location of tanks.	_A_	3	22	2S 37E	ves	•		7-25	- 90		
I this production is commingled with that	from any oth	er lease or	pool,	give comming	ling order num	ber:					
IV. COMPLETION DATA		- ₁						····			
Designate Type of Completion	- (20)	Oil Well	ı İ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		X	بلي			<u> </u>		X	İ	Ì	
	1	pl. Ready to		•	Total Depth			P.B.T.D.			
8-78 Elevations (DF, RKB, RT, GR, etc.)	7-25-90 Name of Producing Formation				7618' Top Oil/Gas Pay			6574 '			
_3393' GI.					TOP OID OES	•		Tubing Depth 5884'			
3393 CI. Blinebry					5624'			Depth Casing Shoe			
5684'-5819'	4" 1JHI	DF ++1	16	holog			•	Depui Casia	g Shoe		
					CEMENTI	NC PECOP	<u> </u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/4"	8 5/8"			1143			 	550 sx			
7 7/8"		5 1/2"			7618			1875 sx			
		2 3/8"			5884						
V Trot bitti ilin shalls	<u> </u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	TLOW	ABL	E							
OIL WELL (Test must be after : Date First New Oil Rua To Tank	Date of Te	tal volume	of load	d oil and must	be equal to or	exceed top all	owable for thi	depth or be	for full 24 hou	rs.)	
	Producing Method (Flow, pump, gas lift, etc.)										
7-25-90 Length of Test	8-7-90 Tubing Pressure				pump			16			
24 hrs	I doing the	60#			Casing Pressure 110#			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bhis						
•	20	n		6			Gas- MCF 456				
GAS WELL	<u></u>										
Actual Prod. Test - MCF/D	II anail at 1	Para			T-11-1						
	Langth of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
			_,		Casing Fress	ile (20m-m)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COM	TIA	NCE				<u> L</u>			
I hereby certify that the rules and requi	Tions of the	COIVIE.		NCE	l c	OIL CON	ISERV	ATION		AR I	
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 NOV 0 2 1990						
					Date	Approve	d	.,,,	& 1000		
Manuel				i	_						
Signature C. L. Morrill NM Production Supt					By_	ORIG	INAL SLOW	ant va da	av sextoi		
Printed Name							Distance.	LUMER	11.2	,	
8/9/90 (505) 393-4121					Title.	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
Date		Tolog	phone	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.

 5) 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.

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