State of New Mexico Energy, Minerals & Natural & Resources Dept. Conservation Division P.O. Box 2088 Santa Fe, New Mexico 87501

Gas Supplement No.: SE\_10950/4 Date: 1/

## NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirments of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

| Date of Connectio<br>Purchaser<br>Operator<br>Well No.<br>Dedicated Acreage<br>Acreage Factor<br>Deliverability<br>A x D Factor<br>X Reclass | Unit Lette<br> | evised Acreage<br>evised Acreage<br>evised Deliver | Pool<br>Lease<br>Sec.<br>Factor<br>Factor | t Allowable<br>Ecement<br>AL Chris<br>18<br>50 | or Allowable Change $\frac{\sqrt{1/24}}{4-5R-3N}$<br>Twn. 22s Rge. 37e<br>Difference - 12D<br>Difference Difference - 12D |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|
| * Reclass                                                                                                                                    | trom           | Gas to                                             | $\sigma_l($                               |                                                | OCD Dist. No. I                                                                                                           |  |  |  |
|                                                                                                                                              |                |                                                    | C                                         | ALCULATION O                                   | F SUPPLEMENTAL ALLOWABLE                                                                                                  |  |  |  |
| Previous Status A                                                                                                                            |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| MO. PREV. ALLOW.                                                                                                                             | REV. ALLOW.    | PREV. PRCD.                                        | REV. P                                    | ROD.                                           | REMARKS                                                                                                                   |  |  |  |
| Apr                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| May                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Juni<br>Juli                                                                                                                                 |                |                                                    | - <u>-</u>                                |                                                |                                                                                                                           |  |  |  |
|                                                                                                                                              |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Aug<br>Sep                                                                                                                                   |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Oct                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Nov                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Dec                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Jan                                                                                                                                          |                | ·                                                  |                                           |                                                |                                                                                                                           |  |  |  |
| Feb                                                                                                                                          |                |                                                    |                                           |                                                | · · · · · · · · · · · · · · · · · · ·                                                                                     |  |  |  |
| Mar                                                                                                                                          |                |                                                    | ****                                      |                                                |                                                                                                                           |  |  |  |
| Apr                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| May                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Jun                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Jul                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Aug                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Sep                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Oct                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Nov                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Dec                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Jan                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Feb                                                                                                                                          |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Mar                                                                                                                                          |                | <u> </u>                                           |                                           |                                                |                                                                                                                           |  |  |  |
| TOTALS                                                                                                                                       |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Allowable Product                                                                                                                            |                |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
| Schedu                                                                                                                                       | Jie 0/0 Status | 5                                                  |                                           | ·                                              |                                                                                                                           |  |  |  |
| Revised                                                                                                                                      | O/U Status     |                                                    |                                           |                                                |                                                                                                                           |  |  |  |
|                                                                                                                                              |                |                                                    | ive In                                    | <b>.</b>                                       | Schedule                                                                                                                  |  |  |  |
|                                                                                                                                              |                | Currer                                             | T Class                                   | fication                                       | То                                                                                                                        |  |  |  |
| Note: All gas volu                                                                                                                           | umes are in MC | CF@15.025 psia                                     | 1.                                        | William J.                                     | LeMay, Division Director                                                                                                  |  |  |  |

Ву \_\_\_

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. Ist Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

AMENDED REPORT

| I                                                                                                                  | F                                                                                                                                                   | EQUES                   | T FOR                              | ALLOV                      | VABL                        | E AND A                                         | UTHO                           | RIZAT           | ION TO TF                       | ANS                                 | PORT                   | ſ            |  |  |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|----------------------------|-----------------------------|-------------------------------------------------|--------------------------------|-----------------|---------------------------------|-------------------------------------|------------------------|--------------|--|--|
|                                                                                                                    |                                                                                                                                                     | <sup>1</sup> Ope        | erator name                        | and Address                | 6                           |                                                 |                                |                 | 2 (                             | GRID I                              | Number                 |              |  |  |
| Chevron U.S.A. Inc.                                                                                                |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                | 4323            | Ε                               | EFFECTIVE 10-01-95                  |                        |              |  |  |
| P.O. Box 1150                                                                                                      |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 | <sup>3</sup> Reason for Filing Code |                        |              |  |  |
| Midland, TX 79702                                                                                                  |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                | C0              |                                 |                                     |                        |              |  |  |
| 4 API Number                                                                                                       |                                                                                                                                                     |                         |                                    |                            |                             | Pool Na                                         | <sup>5</sup> Pool Name         |                 |                                 |                                     | <sup>6</sup> Pool Code |              |  |  |
| 30-025-30649 Eumont; Yat                                                                                           |                                                                                                                                                     |                         |                                    | t; Yat                     | es-7 Rivers-Queen (Pro Gas) |                                                 |                                |                 | 76480                           |                                     |                        |              |  |  |
| <sup>7</sup> Property Code                                                                                         |                                                                                                                                                     |                         |                                    |                            |                             | 8 Property Name                                 |                                |                 |                                 | 9 Well Number                       |                        |              |  |  |
|                                                                                                                    | 02596                                                                                                                                               |                         |                                    |                            | A                           | L Christma                                      | as NCT-                        | С               | ·                               | 17                                  |                        |              |  |  |
| UL or lot no.                                                                                                      |                                                                                                                                                     | Location                | 1<br>- T 5                         |                            |                             |                                                 |                                |                 |                                 |                                     | ·                      |              |  |  |
|                                                                                                                    | Section                                                                                                                                             | Township                | Range                              | Lot. Idr                   | i Fe                        | et from the                                     |                                |                 | East/V                          | East/West line County               |                        |              |  |  |
| D 18 225 37E                                                                                                       |                                                                                                                                                     |                         |                                    |                            | 990                         | 990 North                                       |                                |                 | 460 West                        |                                     | Lea                    |              |  |  |
| UL or lot no.                                                                                                      | <sup>11</sup> Bottom Hole Location UL or lot no. Section Township Range Lot. Idn Feet from the North/South Line Feet from the Fast/West line County |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| OL OF IGE ID.                                                                                                      | Section                                                                                                                                             | Township                | Range                              | Lot. Idr                   | i re                        | et from the                                     | from the North/South Line Feet |                 | Feet from the                   | East/V                              | Vest line              | County       |  |  |
| <sup>12</sup> Lse Code                                                                                             | 13 Produci                                                                                                                                          | ng Method Co            | ode <sup>14</sup> Gas              | Connection                 | 1 Date                      | <sup>15</sup> C-129 Permit Number <sup>16</sup> |                                | C-129 Effective | Date                            |                                     | 29 Expiration Date     |              |  |  |
| Р                                                                                                                  |                                                                                                                                                     | P                       |                                    | 01-03-90                   |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| III. Oil and Gas Transporters                                                                                      |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| <sup>18</sup> Transporter                                                                                          |                                                                                                                                                     | 19 Tra                  | insporter Na                       | me                         |                             | 20 POD                                          |                                | 21 O/G          | 22 POI                          | D ULST                              | R Locatio              | n            |  |  |
| OGRID                                                                                                              |                                                                                                                                                     |                         | nd Address                         |                            |                             |                                                 |                                |                 |                                 | and Description                     |                        |              |  |  |
| 034019                                                                                                             |                                                                                                                                                     | llips                   |                                    |                            |                             | 07168                                           | 0716810 0                      |                 |                                 | D-18-22S-37E                        |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     | l Penbrool              |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     | ssa, TX 79<br>ren Petro |                                    |                            |                             |                                                 |                                |                 |                                 | D 10 000 075                        |                        |              |  |  |
| 024650                                                                                                             |                                                                                                                                                     | . Box 158               |                                    |                            |                             | 07168                                           | 0716830 G                      |                 |                                 | D-18-22S-37E                        |                        |              |  |  |
| ana<br>Tanàna amin' ao                                                                                             |                                                                                                                                                     | sa, OK 74               |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.                                                                             | 1                                                                                                                                                   |                         |                                    |                            |                             | gi strateg                                      | Arcarias                       |                 |                                 |                                     |                        |              |  |  |
| - ana maniferina di secolar                                                                                        |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 | ······                          |                                     | ·····                  |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             | ana ana ang ang ang ang ang ang ang ang         |                                |                 |                                 |                                     |                        |              |  |  |
| IV. Produc                                                                                                         | ed Wat                                                                                                                                              | er                      |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| 23 POD                                                                                                             |                                                                                                                                                     |                         |                                    |                            |                             | 24 POD ULS                                      | rR Locati                      | on and Desc     | ription                         |                                     |                        |              |  |  |
| 07168                                                                                                              | 50                                                                                                                                                  |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| V. Well Co                                                                                                         | ompletio                                                                                                                                            | on Data                 |                                    |                            | ·                           |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| <sup>23</sup> Spud Di                                                                                              | <sup>25</sup> Spud Date <sup>26</sup> Ready Date                                                                                                    |                         |                                    |                            | <sup>27</sup> TD 28         |                                                 |                                | PBTD            | PBTD <sup>29</sup> Perforations |                                     |                        |              |  |  |
| <sup>30</sup> Hole Sie                                                                                             |                                                                                                                                                     |                         | <sup>31</sup> Casing & Tubing Size |                            |                             | <sup>32</sup> Depth Set                         |                                |                 | <u> </u>                        |                                     | Sacks C                |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 | DA                             |                 |                                 |                                     | Sacks Co               |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    | ··=                        |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| VI. Well To                                                                                                        | est Data                                                                                                                                            |                         | <u> </u>                           |                            |                             |                                                 | ······                         |                 | <b>I</b>                        |                                     |                        |              |  |  |
| 34 Date New C                                                                                                      | Dil 3                                                                                                                                               | 5 Gas Deliver           | ry Date                            | <sup>36</sup> Tes          | t Date                      | 37 T                                            | est Lengt                      | h               | <sup>38</sup> Tbg. Pressure     |                                     | 39 (                   | Sg. Pressure |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| <sup>40</sup> Choke Size                                                                                           |                                                                                                                                                     | <sup>41</sup> Oil       | j                                  | 42 W                       | ater                        | 4                                               | <sup>3</sup> Gas               |                 | <sup>44</sup> AOF               |                                     | 45 T                   | est Method   |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| <sup>46</sup> I hereby certify                                                                                     | that the rule                                                                                                                                       | es of the Oil C         | Conservation                       | Division ha                | ve been                     |                                                 |                                |                 | SEDVATION                       |                                     | TON                    |              |  |  |
| complied with and that the information given above is true and complete to<br>the best of my knowledge and belief. |                                                                                                                                                     |                         |                                    |                            | OIL CONSERVATION DIVISION   |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| Signature: Sonna Chair                                                                                             |                                                                                                                                                     |                         |                                    |                            | Approved t                  | y:                                              |                                |                 | -, ž                            |                                     |                        |              |  |  |
| Printed name:                                                                                                      |                                                                                                                                                     |                         |                                    | Title:                     |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| Sonja Gray<br>Title:                                                                                               |                                                                                                                                                     |                         |                                    | Approval                   | Account Data                |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| Technical Assistant                                                                                                |                                                                                                                                                     |                         |                                    | Approval Date: CCT 17 1935 |                             |                                                 |                                |                 | 7 1935                          |                                     |                        |              |  |  |
| Date: $n/13/95$ Phone: (915)687-7348                                                                               |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 | -                               |                                     |                        |              |  |  |
| <sup>47</sup> If this is a char                                                                                    | nge of opera                                                                                                                                        | tor fill in the         |                                    |                            |                             | Provious operation                              | or                             |                 |                                 |                                     |                        |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |
| Previous Operator Signature                                                                                        |                                                                                                                                                     |                         |                                    |                            | Print                       | ed Name                                         |                                |                 | Title                           |                                     | Date                   |              |  |  |
|                                                                                                                    |                                                                                                                                                     |                         |                                    |                            |                             |                                                 |                                |                 |                                 |                                     |                        |              |  |  |

