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

## Energy, Minerals and Natural Resources Department

Form C-194 Revised 1.1.84 See Instructions at Bottom of  $P_{\alpha_1}$ 

#### **OIL CONSERVATION DIVISIO**

P. O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>i.</u>			2							
Operator Chevron U.S.A., Inc.							·		API No	
Address								30 -	025-30649	
P. O. Box 1150, Midland, TX 797 Reason (s) for Filling (check proper box)	02									
New Well	Chang	e in Trans		c.	Į	Other	(Piease expl	lain)		
	Oil	e in Trans		i: Dry Gas	X					
	Casinghead Gas			Condensa					•	·
If chance of operator give name and address of previous operator						<del></del>				
<del></del>								<del>-</del>		
II. DESCRIPTION OF WELL A Lease Name	IND LEASE	Well No.	D	.T 1	, ii -	<del> </del>				
A. I. Cl. 1	Well No. Pool Name, Including Formation							of Lease Federal or Fee	Leave No	
A. L. Christmas (NCT-C)  Location	17 Eumont Gas							June,	i edetal of 1.66	]
							_			
Unit Letter D	_ :0	990	Feet Fr	om The	North	Line	and	460	Feet From The	West   I me
Section 18 Township	22S		Rangi		37E					Trest time
III. DESIGNATION OF TRANS		F OII		VATIO		, <u>NM</u>	P.V.,	Lea		County
Name of Authorized Transporter of Oil	·	or Conde	nsate	MATU	AL GA Addre		address to	which approx	. d	itm ty licturated
Pride top (	<u>/</u> 🗀				1.00.0	33 10116	. ucuress to	wnien appros	ed cops of this to	ifm is he be sente
Name of Authorized Transporter of Casingh	nead Gas	or D	y Gas	X	Addre	se (Civ.	0.001000000	1:1	<del></del>	
Warren Petroleun Co.  If well produces oil or liquids,	<del>-</del>					<u>P. O. Box</u>	1589, Tul	кисн аррго. l <mark>sa, ОК</mark> 74	ed cops of thich   <b>102</b>	orm to to the sent
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conn	ected?	When?		
						Yes			03/15/94	1
If this production is commingled with that for	rom any other lea	se or pool	l, give c	ommingl	ing order nu	mber:		· <del></del>		
IV. COMPLETION DATA		Oil Well	II Co.	Well	N	•••				
Designate Type of Completion	- (X)	On wen	Gas	well	New Well	Workover	Deepen	Plugback	Same Res v	Diff Resy
Date Spudded	Date Compl. Re	ady to Pro	od.		Total Depti	1	<u> </u>	P. B. T. D.	L	<u> </u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			T 1: 15	<del></del>	
Peforations						Tubing Dep	th			
Civiations								Depth Casir	ı g	
HOLE SIZE	TÜ	BING, C	ASING	AND C	EMENTIN	G RECORD		<del></del>		
HOLE SIZE	CASING	& TUBIN	IG SIZE		DEPTH SET				SACKS C	EMENT
								┼		
	<del> </del>									
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE		L			<u> </u>		
OIL WELL (Test must be after red) Date First New Oil Run To Tank	ecovery of total v	olume of	load oil	and mus	t be equal to	or exceed to	p allowable	for this denti	Car ha tar ta 2.22.23	· .
Date First New Oil Run 10 Tank	Date of Test				Producing	Method	(Flow, pun	ip. gas lift, etc	:)	70.000
Length of Test	Tubing Pressure	e			Casing Pre	ssure		Choke Size		
Actual Prod. During Test	Oil BLL									
	Oil - Bbls.			Water - Bbls.			Gas - MCT			
GAS WELL Actual Prod. Test - MCF/D								<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	-			Bbls. Cond	ensate/MMC	CF .	Gravity of	Condensate	
Testing Method (pilot, back press.) Tubing Pressure (Shut - in)			Casing Pressure (Shut - in)			Choke Size				
	<u> </u>							Choke Size		
I hereby certify that the rules and regulat	tions of the O'l C					٠.				
Division have been complied with and the	hat the information	on given a	on hove			OI	L CONS	SERVAT	TON DIVIS	SION
is true and complete to the best of my kn	nowledge and beli	ief.	DOVE		Date	Approve	ed e	M	ID 0 0 400	.,
J.K. Pinloux						, .pp. 010			NR 23 199	<u> </u>
Signature	<del>~</del> _				Ву		CINAL CI	ALIED AV	PANU PRUME	
J. K. Ripley V T.A.				ORIGINAL SIGNED BY JERRY SEXTON TitleDISTRICT I SUPERVISOR						
Printed Name 3/21/94	Title						P1411/	. <u> </u>		
Date		)687-714				· (\$4), \$40 1000	and the same of th	سروميد الأدارية المعاودة الدواوية وهاية .		April

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.

  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 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

#### State of New Mexico Energy, Minerals and Natural Resources Department

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 87504-2083

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	) DEO	LICCT (	-00			204 2005					
<u>I.</u>	neu	TOTR	-OH	ALLOW/	ABLE AND	ICHTUA C	RIZATION	1			
Operator		10111	7110	ONIO	IL AND N	ATURAL		II API No.			
Chevron U.S.A. Inc	•						3	0-025-30	649		
P.O. Box 1150, Mid	land. To	exas	7970	12						<del></del>	
Reason(s) for Filing (Check proper box)						ther (Please ex					
New Well		Change i	a Trans	sporter of:		aici (i isass si	piain)				
Recompletion  Change in Operator	Oil Control		Dry								
If change of operator give name	Casinghea	Id Cat	Cond	densate 🗌							
and address of previous operator	<del></del>			<del></del>						•!	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name A.L. Christmas (NCT-	c)	Well No. 17	Pool	Name, Inclu	ding Formation Y-SR-Qn)	1	Kin	of Lease	1	Lease No.	
Location			1	dinone (	1-3K-QII)		State	, Federal or F			
Unit LetterD	_ :990	· 	. Feet	From The _	North Li	ne and460	0.	Feet From The	West	Line	
Section 18 Townshi	ip 22S		Rang	. 37E		IMPM. Le	——— · ea				
III DESIGNATION OF TO AN	ICDODG			<del></del>		4411 141,				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTE:	or Conder			RAL GAS	us address to	.1.1.1	<del> </del>			
Pride Pipeline Co.	لــا	0. 00200.		XX	P.O.	we address to w Box 2436	v <i>nich approve</i> 5. Abile	d <i>copy of this j</i> ne. TX	<i>form is to be se</i> 79604	ent)	
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas XX	The state of the s						
Northern Natural Ga	<del>,                                     </del>	Sec.	l m.		2223	Dodge St	Omah	a, N.E. 68102			
rive location of tanks.	E	185	Twp.   22	<b>Rge.</b> 28  37E	is gas actual		Whe			•	
this production is commingled with that	from any other	er lease or	pool, g	ive comming	ling order num	ber:		/3/90			
V. COMPLETION DATA		100 200 10			1						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	i. Ready to	Prod.		Total Depth		<del>-</del> 4	P.B.T.D.	<u> </u>	_ <del></del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	matio	<u> </u>	Top Oil/Gas	Pay		Tubing Dep			
			<del>-</del>				ruoing Dep	ui			
Perforations								Depth Casin	g Shoe		
· · · · · · · · · · · · · · · · · · ·	77	IBING.	CASI	NG AND	CEMENTI	NG RECOR	2D	<u> </u>	····		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEME	ENT	
	<u> </u>										
	ļ			<del></del>		·		ļ			
·	<del> </del>										
. TEST DATA AND REQUES								•			
IL WELL (Test must be after re	Date of Test		fload	oil and must		thod (Flow, pu			or full 24 hour.	<i>s.)</i>	
						and to som pa		-0.7		İ	
ength of Test	Tubing Press	rure			Casing Pressu	re		Choke Size			
ctual Prod. During Test	Oil - Bbls.		<del></del>		Water - Bbls.			Gas- MCF			
•	<b>3.1 3.5</b> 1.5										
GAS WELL				· · · · · · ·							
ctual Prod. Test - MCF/D	Length of Te	est			Bbls. Condens	ate/MMCF		Gravity of C	ondensate		
sting Method (pitot, back pr.)	Tubing Press	ure (Shut-i	n)		Casing Pressu	re (Shut-in)		Choke Size			
and incure (pao, oack pr.)	100126 11002	(ou·	,		C-1116 1 10400	10 (M.M. 11)					
I. OPERATOR CERTIFICA	TE OF	COMPI	IAN	ICE							
I hereby certify that the rules and regular	tions of the Oi	il Conserva	ition			IL CON	SERVA	ATION L	DIVISIO	N	
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.											
An 11					Date	Approved	d				
Will frahen					   By						
Signature D. M. Bohon	Technic	al Ass	ists	ant	<sup>Dy</sup> —					<del></del>	
Printed Name	(915)		Title		Title_			·			
3/19/91 Date	(313)		48 1006 N	<del></del>		:	<del></del>				
					<u> </u>						

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.



Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

# State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Drawer DD, Artenia, NM 88210			P.C	D. Box 2088	22 / 11/10	<b>71 4</b>			_
DISTRICT III		Sa	anta Fe, Nev	v Mexico 875	04-2088				
1000 Rio Brazos Rd., Aztec, NM 87410	REQU			VABLE AND		747.0			
I.		TO TRA	ANSPORT	OIL AND NA	HUHTUR	IZATION			
Operator				JIE / II / IV	TI ONAL G	AS   Well	API No.		
I Chevron II S A Inc							-025-30649		
P.O. Box 1150, Mic	dland, T	X 797	702					<del></del>	
Reason(s) for Filing (Check proper box)	<del></del>			[X] O:	her (Please expl				
New Well		Change is	Transporter of:		merly Doy	•	man A I	Chartas	
Recompletion	Oil			<u></u> Che	vron new	name: A	.L. Chri	stmas (	mas #1 NCT-C)#17
If change of operator give same	Casinghea			x					2,01 0) #17
and address of previous operator	oyle ;		man						
II. DESCRIPTION OF WELL	AND LEA	SE							<del></del>
A.L. Christmas (NCT-C	''	Well No.	Pool Name, In	chiding Formation			of Lease	<del></del>	Lease No.
Location	.,	17	Lumont	(Y-7R-Qn)	Gas	State	Federal or Fe	•	
Unit Letter D	. 990					-			
Omit LetterD	_ :990		. Feet From The	North Lin	e and <u>460</u>	F	et From The	West	Line
Section 18 Townshi	P 22S		Range 37	/E .N	МРМ,	Lea			_
III DECICNATION OF THE					····	цеа			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OI or Conden	L AND NA	TURAL GAS					
Pride Pipeline Co.		or Conden	kx.		e address to wi				ent)
Name of Authorized Transporter of Casin	ghead Gas		or Dry Gas 🔯	Address (Gir	Box 2436	Abile	ne, TX.	79604	<del></del>
Warren Petroleum Co.				_ ,	Address (Give address to which approved copy of this form is to be sen P.O. Box 1909, Eunice, NM. 88231				
If well produces oil or liquids, give location of tanks.	: :	Sec.	Twp. R	lge. Is gas actual	y connected?	When		00231	
<u> </u>	E .	185	229 3	ZE No		L			
If this production is commingled with that IV. COMPLETION DATA	Hom any ome	r lease or	pool, give comm	ingling order num	ber:				······································
		Oil Well	Gas Wel	l New Well	Workover	Deepen	Dive Deals	Same Res'v	bien i
Designate Type of Completion		<u>i</u>	i	i		l Deeben	i Ling Back	zame Kez.A	Diff Res'v
Date Spudded	Date Compl	. Ready to	Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay	············			
				,		Tubing Depth			
Perforations						<del></del>	Depth Casing	Shoe	
	777	IDDIC	GARDIG AN				<u> </u>		
HOLE SIZE			CASING AN BING SIZE	ID CEMENTI		<u>D</u>	<del></del>		
	0,5	10 4 10	DIITO SIZE		DEPTH SET	<del></del>	SACKS CEMENT		
			······································				<del> </del>		
V. TEST DATA AND REQUES	T FOR AL	LOWA	DIE						
OIL WELL (Test must be after re				nut he equal to or	arceed too allo	umble for this	adameh an ha G	6.U 24 have	\
Date First New Oil Run To Tank	Date of Test		7		thod (Flow, pu			* juii 24 noi	·3.)
					-				
Length of Test	Tubing Press	RITE		Casing Pressu	ire		Choke Size		<del>-</del>
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
	0.1 - 50.1.								
GAS WELL				· !			!		
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Conden	suc/MMCF		Gravity of Co	ondensate	
Testing Method (pitot, back pr.)	Tubing Press	eure (Shut-	in)	Casing Pressu	re (Shut-in)		Choke Size		
M 0000 4000 0000	<u></u>	20-		_			L		
VI. OPERATOR CERTIFIC					OIL CON	SERVA	ATION F	NVISIC	M
I hereby certify that the rules and regula Division have been compiled with and t	Hogs of the U het the inform	il Conserva	BOUS a sbove	'			111011 6		/I <b>V</b>
is true and complete to the best of my k	nowledge and	belief.	· •	Date	Approved	•			
D.M. Bohon					whhinage	1			
Signature Signature				Bv		the section		§ < . ₹ ៩ ប <b>្រា</b>	φ3 ·
D.M. Bohon	Technica	al Ass	istant	-,_	4.294	*34 * *4		-	
Printed Name	(01-)	<del></del>	Title	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