

Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104
Revised 11/87
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|---|---|---|
| Operator Chevron U.S.A., Inc. | | Well API No. 30 - 025-30649 |
| Address P. O. Box 1150, Midland, TX 79702 | | |
| Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input checked="" type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If chance of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|--|-----------|
| Lease Name A. L. Christmas (NCT-C) | Well No. 17 | Pool Name, Including Formation Eumont Gas | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter D : 0990 Feet From The North Line and 460 Feet From The West Line Section 18 Township 22S Range 37E NMPM Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|--|------|------|
| Name of Authorized Transporter of Oil Pride Oper Co <input type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. <input type="checkbox"/> | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 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? | | |
| Yes | | 03.15.94 | | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------------|----------|-----------|-----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plugback | Same Resv | Diff Resv |
| 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 Casing | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 better 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 |

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

J. K. Ripley
Signature
J. K. Ripley T.A.
Printed Name
3/21/94 Title
Date
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 23 1994**

By
ORIGINAL SIGNED BY **JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.

blank

RECEIVED

MAR 22 1994

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Submit 5 Copies
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DISTRICT I
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2083

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|------------------------------|
| Operator Chevron U.S.A. Inc. | | Well API No. 30-025-30649 |
| Address P.O. Box 1150, Midland, Texas 79702 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator _____ | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|-----------|
| Lease Name A.L. Christmas (NCT-C) | Well No. 17 | Pool Name, Including Formation Eumont (Y-SR-Qn) | Kind of Lease State, Federal or <u>Fed</u> | Lease No. |
| Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------|-------------|-------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St. Omaha, N.E. 68102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 18S | Twp. 22S | Rge. 37E | Is gas actually connected? Yes | When? 1/3/90 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| 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 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.)

| | | | |
|--------------------------------|-----------------|---|------------|
| 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 pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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

D. M. Bohon
Signature
D. M. Bohon Technical Assistant
Printed Name
3/19/91 (915) 687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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

Submit 5 Copies
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I.
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| | | |
|---|---|--|
| Operator Chevron U.S.A. Inc. | | Well API No. 30-025-30649 |
| Address P.O. Box 1150, Midland, TX 79702 | | |
| Reason(s) for Filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Other (Please explain) Formerly Doyle Hartman A.L. Christmas #1 Chevron new name: A.L. Christmas (NCT-C) #17 |
| Recompletion <input type="checkbox"/> | | |
| Change in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator Doyle Hartman | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|--|-----------|
| Lease Name A.L. Christmas (NCT-C) | Well No. 17 | Pool Name, Including Formation Eumont (Y-7R-Qn) Gas | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter D : 990 Feet From The North Line and 460 Feet From The West Line Section 18 Township 22S Range 37E, NMPM, Lea County | | | | |

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| | | | | | | |
|--|---|-------------|-------------|-------------|----------------------------------|--------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX. 79604 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, NM. 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 18S | Twp. 22S | Rge. 37E | Is gas actually connected? No | When ? |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
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| 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 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
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| 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 pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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

Signature D.M. Bohon
D.M. Bohon Technical Assistant
Printed Name 2/8/91 Title
Date (915) 687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.

