State of New Mexico

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

DISTRICT III

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

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

I.													
Operator Chevron U.S.A., Inc.										ell API No.			
Address		-						<del></del>		0 - 025-31246			
P. O. Box 1150, Midland, TX Reason (s) for Filling (check proper box.	79702												
New Well		enge in Tre	enoder (	.ε.		Ш	Othe	(Please es	xplain)				
New Well  Change in Transporter of:  Recompletion  Oil  X  Dry Gas													
Change in Operator Casinghead Gas Condensate													
If chance of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	ANDIFAC	NIC .		·							<del></del>	—	
Lease Name	AND DEAS	Well No	Pool	Name, I	ncluding F	mation	<u> </u>		IVie	nd of Lease	T Town		
Arrowhead Grayburg Unit	228 Arrowhead Grayburg									Lease No.	• '		
Location Clayburg Clift		F48	4	AFFON	head Gi	aybui	rg				1		
77.97.0													
Unit Letter F	— :—	2266	Feet Fr	om The	Nort	<u> </u>	_Line	and	1793	_ Feet From The	West Line		
Section 18 Township	228		Range		37E		, NM	РМ,	Le	а	<ul> <li>County</li> </ul>		
III. DESIGNATION OF TRAN	SPORTER			NATU	RAL GA	S			<del></del>				
I Name of Authorized Transporter of Oil		o= Condo			Add		(Give	address to	which appro	rved copy of this f	orm is to be sent)		
EOTT Energy Pipeline I P EOTT Oil Pineline Co. Texas Nev	یمی w Mexico Pip	eline		لــا			PΩ	Boy 4666	. Uoueton	TX 77210-46	66 5-14-0604		
Transporter of Casin	Rineath Cara 1	or D	y Gas		Addi	ess	(Give	address to	which appro	ved copy of this f	orm is to be sent)		
If well produces oil or liquids.	Unit	Sec.	Twp.	Rge.	Te coe	actually			When ?				
give location of tanks.		-	1 mp.	Ngu	Is gas	actuarry	conne	cted (	when?				
If this are beginning to the state of the st						Yes		<del> </del>		Unknown			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or pool	, give ∞	mmingl	ing order n	umber:				·			
THE COMPLETION DATA	·	Oil Well	Gas	Well	New Well	Work	over	Deepen	Plugback	Same Res'v	In:en		
Designate Type of Completion			1					Doc <sub>l</sub> en	I luguaca	Same Res v	Diff Res'v		
Date Spudded	Date Compl. I	Ready to Pro	d.		Total Depth				P. B. T. D.	-d	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Peforations													
. 01011114119			-						Depth Casi	n; g			
HOLE SIZE	T	UBING, CA	SING A	ND CI							<del></del>		
NOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
	<del> </del>				·								
V. TEST DATA AND REQUES	T FOR ALI	LOWABI	E	L					<u> </u>		<del>-,</del>	]	
OIL WELL (Test must be after r	recovery of total			d must	be equal to	or exce	ed top	allowable t	or this depth	or be for full 24 l	hours)		
Date First New Oil Run To Tank	Date of Test				Producing 1	Method		Flow, pumį	p, gas lift, etc	:.)		$\neg$	
Length of Test	Tubing Pressur	re		<del>-  </del> ,	Casing Pres	sure			Choke Size				
Actual Prod. During Test									Charles Size				
Actual Flod. During Test	al Prod. During Test Oil - Bbls.				Water - Bbls.				Gas - MCF				
GAS WELL				·	<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				
						suic (Si	- III,	<u></u>	Choke Size	•			
												ᅥ	
I hereby certify that the rules and regular						(	OIL	CONS	ERVAT	ION DIVIS	ION	- [	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Annroyed				EED 4 77 100A			
						Date Approved FEB 1 7 1994						_	
J. K. Ripley	<del></del>	<del></del>		-	By _					Orig. Signe	ad by		
Signature J. K. Ripley T.A.					Paul Kantz					nte	$\neg$		
Printed Name	Title	<del></del>			11116				<del></del>	Geologic	<u>st</u>	_	
1/27/94		687-7148											
Date	Tel	ephone No.											

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C 104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office DISTRICTI

State of New Mexico 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

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

P. O. Box 1980, Hobbs, NM 88240

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

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

I											
Operator Chevron U.S.A., Inc.	<u> </u>								I API No. - 025-31246		
Address P. O. Box 1150, Midland, TX 79	702	•						1 30	- 023-31240		
Reason (s) for Filling (check proper box)	7702			_		Othe	ei (Please exp	plain)	<del>-</del> ·		
New Well Recompletion	Chan Oil	ge in Trans	يضنا			<del></del>					
Change in Operator	Casinghead Ga	ıs		Dry Gas Condens							
If chance of operator give name and address of previous operator		<del></del>	<u> </u>			<del></del>		<del></del> -			
• • •	A NID I ID A CI							·			
II. DESCRIPTION OF WELL Lease Name	AND LEASE	Well No.	Pool	Name. I	ncluding Fo	rmation			l of Lease	Lease No.	
								1	, Federal or Fee	Lease No.	
Location Location		£20	<u> </u>	AFFOW	head Gr	ayburg			<del></del>		
Unit Letter F	:	2266_	Feet F	rom The	Nort	n Line	and	1793	Feet From The	_ West Line	
Section 18 Township	228		Rangi		37E	, NM	-	Lea	_	- County	
III. DESIGNATION OF TRAN	SPORTER (			NATI				Deu		County	
Name of Authorized Transporter of Oil		or Conden			Addı		e address to	which approv	ed copy of this fo	orm is to be sent)	
EOTT Oil Pipeline Co., Texas-New	X Mexico Pipel	ine		ш		P.O.	. Box 4666	. Houston.	TX 77210-46	66, Suite 2604	
Name of Authorized Transporter of Casing		or D	y Gas		Addr	ess (Give	e address to	which approv	ed copy of this fo	orm is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas	actually conn	ected ?	When?		<del>-</del>	
give location of tanks.		İ			Yes			Unknown			
If this production is commingled with that f	rom any other le	ase or pool,	give $\alpha$	ommingl	ing order n	ımber:		<u> </u>			
IV. COMPLETION DATA	<del></del>	Oil Well	T Gas	Well	New Well	I W.J.	I D	Ini i i	Ia b	In control	
Designate Type of Completion	- (X)	On wen	Uas	W C11	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Dept	h		P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ga	s Pay		Tubing Dep	th	·	
Peforations								Depth Casin; g			
HOLE COTE	TU	BING, CA	SING	AND C		G RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CE	MENT	
	<u> </u>										
						<del></del>					
V. TEST DATA AND REQUES								·			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	olume of lo	ad oil a	ind must	be equal to Producing			or this depth o, gas lift, etc.		hours)	
Length of Test	T.1: D							Chala Sin			
	Tubing Pressure				Casing Pre	sure		Choke Size			
Actual Prod. During Test	nal Prod. During Test Oil - Bbls.				Water - Bb	s.	,	Gas - MCF			
GAS WELL									-		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Cond	ensate/MMCF	7	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 regulati Division have been complied with and the						OIL	. CONS	ERVAT	ION DIVIS	ION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approve	d	FEB 1 7 1994			
a.K. Kinley	*				D						
Signature					,			Orig Signed by Paul Kautz			
J. K. Ripley	T.A.				Title		<del></del> .		Geologi	st	
Printed Name 1/27/94	Title (915)	687 <u>-</u> 7148									

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date

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

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

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

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

#### OIL CONSERVATION DIVISION

P.O. Box 2088

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 Well API No. Operator 30-025-31246 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) X New Well Change in Transporter of: Dry Gas 1 Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee State Pool Name, Including Formation Leane No. Well No. Lease Name 228 Arrowhead Grayburg Arrowhead Grayburg Unit Location :2266 Feet From The North \_ Line and \_1793 Feet From The West Line Range 37E 18 225 Lea , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Γ **Texas New Mexico Pipeline** P. O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas Texaco Expl & Prod Inc. or Dry Gas Address (Give address to which approved copy of this form is to be sent) X P. O. Box 3000, Tulsa, OK 74102 is gas actually connected? When ? Twp. If well produces oil or liquids, Sec. Rge. give location of tanks. Unknown Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Gas Well New Well Workover Diff Res'v Deepen Oil Well Designate Type of Completion - (X) X ΙX Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded 3795 3780 1/24/92 2/17/92 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 3426' GE Grayburg 3596' 3773' Depth Casing Shoe Perforations 3596'-3763' TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 1160 720 sx 12-1/4" 8-5/8" 3795' 625 sx 7-7/8" 5-1/2" 3773 2-7/8" . TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 4/6/92 **Pumping** 3/24/92 Choke Size Casing Pressure Length of Test Tubing Pressure 2" 35# 24 hrs 35# Gas- MCF Water - Bbls Actual Prod. During Test Oil - Bbls 80 450 480 30 **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE 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 APR 22'92 is true and complete to the best of my knowledge and belief. Date Approved \_ By Dennis STANDED Signature J. K. Ripley **Tech Assistant** Printed Name
4/16/92 Title Title\_ (915)687-7148

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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

Telephone No.

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