

Submit 5 Copies
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator Chevron U.S.A., Inc.	Well API No. 30 - 025-31535
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 checked="" type="checkbox"/> Dry Gas <input 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 Arrowhead Grayburg Unit	Well No. 241	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 0660 Feet From The South Line and 2075 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604					
EOTT Oil Pipeline Co., Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Texas Exp'l & Prod. Inc.					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? Yes	When ? Unknown

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 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			
Peforations					Depth Casin; g			
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 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

Title

1/27/94

(915)687-7148

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

FEB 18 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.

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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

Operator Chevron U.S.A., Inc.	Well API No. 30-025-31535
Address P.O. Box 1150 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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 Arrowhead Grayburg Unit	Well No. 241	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N	: 660	Feet From The South	Line and 2075	Feet From The West
Section 18	Township 22S	Range 37E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas Texaco Expl & Prod Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 22S	Twp. 36E	Rge. 36E	Is gas actually connected? Yes	When? 5/16/92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/21/92	Date Compl. Ready to Prod. 5/16/92		Total Depth 3807'		P.B.T.D. 3800'			
Elevations (DF, RKB, RT, GR, etc.) 3424' GE	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3589'		Tubing Depth 3784'			
Perforations 3589'-3786'					Depth Casing Shoe --			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8-5/8"		1175'		750			
	5-1/2"		3807'		825			
	2-7/8"		3784'					

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 5/16/92	Date of Test 5/16/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size W. O.
Actual Prod. During Test 34	Oil - Bbls. 5	Water - Bbls. 29	Gas - MCF 13

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.

J. K. Ripley
Signature

J. K. Ripley

Tech Assistant

Printed Name

5/19/92

Title

(915)687-7148

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 21 '92**

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.
- 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 to Appropriate
District Office
State Lease - 5 copies
Fee Lease - 5 copies
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-105
Revised 1-1-89

WELL API NO. 30-025-31535
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Lease Name or Unit Agreement Name Arrowhead Grayburg Unit
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DEEP RESER. <input type="checkbox"/> OTHER _____	
2. Name of Operator Chevron U.S.A., Inc.	8. Well No. 241
3. Address of Operator P.O. Box 1150 Midland, TX 79702	9. Pool name or Wildcat Arrowhead Grayburg

4. Well Location Unit Letter N : 660 Feet From The South Line and 2075 Feet From The West Line Section 18 Township 22S Range 37E NMPM Lea County
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10. Date Spudded 4/21/92	11. Date T.D. Reached 4/26/92	12. Date Compl. (Ready to Prod.) 5/16/92	13. Elevations (DF & RKB, RT, GR, etc.) 3424' GE	14. Elev. Casinghead ---
15. Total Depth 3807'	16. Plug Back T.D. 3800'	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools <input checked="" type="checkbox"/> Cable Tools	
19. Producing Interval(s), of this completion - Top, Bottom, Name 3589'-3783'				20. Was Directional Survey Made Yes
21. Type Electric and Other Logs Run GR-CCL-CBL-CET				22. Was Well Cored No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	23#	1175'	12-1/4"	750 sx	surf
5-1/2"	15.5#	3807'	7-7/8"	825 sx	surf

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-7/8"	3784'	---

26. Perforation record (interval, size, and number) 3589'-3786' 2 JHPF	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 3783'-3786' 150 Gals 15% NEFE 3676'-3730' 100 gals 15% NEFE 3589'-3654' 82 gals 15% NEFE
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PRODUCTION

28. Date First Production 5/16/92	Production Method (Flowing, gas lift, pumping - Size and type pump) pumping	Well Status (Prod. or Shut-in) prod					
Date of Test 5/16/92	Hours Tested 24	Choke Size W.O.	Prod's For Test Period	Oil - Bbl. 5	Gas - MCF 13	Water - Bbl. 29	Gas - Oil Ratio 2600
Flow Tubing Press. 35#	Casing Pressure 35#	Calculated 24-Hour Rate	Oil - Bbl. 5	Gas - MCF 13	Water - Bbl. 29	Oil Gravity - API - (Corr.) 36.0	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold						Test Witnessed By	

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature J. K. Ripley Printed Name J. K. Ripley Title Technical Assistant Date 5/19/92

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy 1153	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt 1246	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt 2458	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates 2663	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers 2860	T. Devonian	T. Menefee	T. Madison
T. Queen 3328	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg 3639	T. Montoya	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Otzte
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T.
T. Blinbry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Delaware Sand	T. Todilto	T.
T. Drinkard	T. Bone Springs	T. Entrada	T.
T. Abo	T.	T. Wingate	T.
T. Wolfcamp	T.	T. Chinle	T.
T. Penn	T.	T. Permian	T.
T. Cisco (Bough C)	T.	T. Penn "A"	T.

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
 No. 2, from.....to.....
 No. 3, from.....to.....
 No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
Surf	1153	1153	Surface Alluvium				
1153	1246	93	Anhydrite				
1246	2458	1212	Salt				
2458	3440	982	Evapor Inter w/Sands & Shale				
3440	3639	199	Sands Inter w/Thin Dolo				
3639	3789	150	Dolo Inter w/Siltstones				

RECEIVED

MAY 8 1992

DEPT. OF