Submit 5 Copies Appropriate District Office

DISTRICTI

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

State of New Mexico

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TO ANGRODE OUT AND MARKET AT

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

T		IOIRAN	ASPORT O	IL AND I	NATUKAI	L GAS				
Operator							- Iu	Vell API No.		
Chevron U.S.A., Inc.								7ell API No. 30 - 025-31562		
P. O. Box 1150, Midland, TX	79702									
Reason (s) for Filling (check proper box					Oth	cı (Please ex	plain)			
New Well Recompletion	Ch Oil	ange in Trans	porter of: X Dry Ga	🗂						
Change in Operator	Casinghead (Gas	Conder							
If chance of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELI Lease Name	AND LEAS	SE Well No.	The al Mana	* * * * *						
	Pool Name,	including Fo	rmation			ind of Lease atc, Federal or Fee	Lease No.			
Arrowhead Grayburg Unit Location	217	Arrov	whead Gr	ayburg			mo, 1 ottorial or 1 oc			
Unit Letter B	:	: 0660 Feet From Th			hLine	and	2045	Feet From The	East Line	
Section 18 Township	Section 18 Township 22S Range					IPM,	Le	a a	County	
III. DESIGNATION OF TRAI	NSPORTER			TRAL GA			_		County	
OTT EATHORIZED Transporter of Oil		or Conden		Addr		e address to	which appr	oved copy of this fo	orm is to be sent)	
EO TI OU Moeding Co., Texas-Ne	X w Mexico Pipe	eline	لــا						,	
Name of Authorized Transporter of Casin	ighead Gas	or D	y Gas	Addn	ess (Give	e address to	which appr	n, TX 77210-46 oved copy of this fe	orm is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rge	Tagas	actually conne		When?			
give location of tanks.		J	IMb. 1780	. 119 Rem	-	ected i	When 7			
If this nonduction is commingled with that	<u></u>				Yes		<u></u>	Unknown		
If this production is commingled with that IV. COMPLETION DATA	. from any omer	lease or pool,	give comming	ling order n	ımber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded									<u> </u>	
-	Date Compl. I	Ready to Prod	L	Total Depti	1		P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Format	ion	Top Oil/Ga	s Pay		Tubing Depth			
Peforations				<u> </u>			Depth Casin; g			
							Depui Cas	ın; g		
HOLE SIZE	CASIN	G & TUBING	SING AND C		DEPTH SET			SACKS CI	2. 47.100	
					<i></i>			SACKS CE	SMEN I	
	+									
							 			
V. TEST DATA AND REQUES OIL WELL (Test must be after a	ST FOR ALI	LOWABL	E				<u> </u>			
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Test	volume of loa	ıd oil and musi	Producing N	or exceed top	allowable fo (Flow, pump	or this depth	h or be for full 24	hours)	
·		· .				(Fion, pump), gas ıyı, er 	c.)		
Length of Test	Tubing Pressu	re		Casing Pres	sure		Choke Size	;		
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.			Water - Bbl	<u>.</u>		Gas - MCF			
GAS WELL	<u> </u>			<u> </u>						
Actual Prod. Test - MCF/D	Length of Test			Bhls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressur	e (Shut - 1n)		Casing Press	sure (Shut - in	0	Choke Size			
					* * *			-		
I hereby certify that the rules and regular				İ	OIL	CONS	ERVAT	TION DIVIS	ION	
Division have been complied with and the is true and complete to the best of my kn			76	Dete	Annover		FFR	FEB 1 7 1994		
AV Pinlau	Office and con	ici.						1 1 1337		
Signature	_	ByOrig. Cigned by								
J. K. Ripley	-T.A.			raul Kante					£	
Printed Name	Title		-	11110_				Geologica		
1/27/94	(915	V687_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.
- 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.

Telephone No.

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

Date

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State of New Mexico Energy, Minerals and Natural Resources Department

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

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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.									l API No. - 025-31562		
Address P. O. Box 1150, Midland, TX 7	9702										
Reason (s) for Filling (check proper box)						Oth	ei (Pleuse ex	plain)			
New Well		unge in Tran	nsporter	of:				p,			
Recompletion	Oil X Dry Gas										
Change in Operator	Casinghead G	as		Condens	ate						
If chance of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEAS	<u> </u>									
Lease Name		Well No	o. Pool	Name, In	ncluding For	mation			of Lease	Lease No	o.
Arrowhead Grayburg Unit Location		217		Arrow	head Gra	ayburg		State	e, Federal or Fee	<u> </u>	
Unit Letter B	:	0660	_Feet F	rom The	North	Line	and	2045	Feet From The	East Line	e
Section 18 Township	22S		Range		37E	, NM	IPM,	Lea		County	
III. DESIGNATION OF TRAN	SPORTER (NATU	RAL GA						
Name of Authorized Transporter of Oil	X	or Conde	ensate		Addre	ess (Give	e address to	which approv	ed copy of this fo	orm is to be sent)	
EOTT Oil Pipeline Co., Texas-Nev	w Mexico Pipel			<u> </u>		P.O	. <u>Box 4666</u>	, Houston,	TX 77210-46	66, Suite 2604	
Name of Authorized Transporter of Casing		orl	D y Gas		Addre	ess (Give	e address to	which approv	ed copy of this fo	orm is to be sent)	
If well produces oil or liquids,	Unit					actually conn	ected ?	When?		· · · · · · · · · · · · · · · · · · ·	
give location of tanks.						Yes			Unknown		
If this production is commingled with that	from any other le	ease or poc	ol, give c	ommingl	ing order nu				UIIKIIUWII		
IV. COMPLETION DATA	-				_						
Designate Type of Completion	- (V)	Oil Wel	II Gas	s Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				1	<u> </u>	P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	Name of Producing Formation				s Pay		Tubing Dept	th	<u> </u>	
Peforations	.									· · · · · · · · · · · · · · · · · · ·	
10101411011	77	TIPTIO C	-: 2510					Depth Casin	ig		
HOLE SIZE		UBING, C G & TUBIN				G RECORD DEPTH SET			ST CAS CA	72 4772 PP	
And was as a second	CAULT	oc topic	10 0144	\rightarrow		JEP I IT SE 1		 	SACKS CE	EMENT	
								<u> </u>			
	 										
V. TEST DATA AND REQUES								L			
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total 1	volume of l	load oil c				p allowable j	for this depth	or be for full 24	hours)	
Date First New Oil Kun 10 1ank	Date of Test			ľ	Producing N	√lethod	(Flow, pum	p, gas lift, etc.)		
Length of Test	Tubing Pressur	Tubing Pressure				sure		Choke Size		<u></u>	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	s.		Gas - MCF			
GAS WELL								L			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	ondensate.		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
Tosting Mounts (prior, outer, p. acc.,	1401116 1 10002.	<u> </u>	<u></u>		Casing 1 1000	Base (outre - 1	n) ————	Choke Size			
I harabu carrifu that the rules and regular	tions of the Oil C	1 rotio				OII		- 'EDVATI		101	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					ION	
is true and complete to the best of my knowledge and belief.					Date	Approve	d	FEB 1 7 1994			
J. K. Ripley				1	Ву						
Signature	1				Orig Signed by						
J. K. Ripley	T.A.				Title			7	aul Kautz Geologia		
Printed Name	Title				-				George Man		\neg

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