District	Į.				
rOEcx	1930,	Ruff	٤,	<u>858</u>	88241-1980

District RC PO Drawer CD, Artesia, NM 98211-0719 District III

1000 Rio Brazos Rd., Artec, NM: 87410

District IV PO Box 2088, Santa Fe, NM - 87504-2086 OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

Instruction on back Submit to Appropriate District Office 5 Copies

□ AMENDED REPORT

PU Box 2088, Santa	a re, hw. dyour		FOR AL	OWABLE A	ND AL	JTHORIZ	ATION TO	TRAN	VSPORT				
			perator Name	and Address							GRID Number <b>1323</b>		
		Chevron U. S. P. O. Box 115						ŀ	<sup>3</sup> Reeson for Fi			POD's;	Delete
		Midland, TX							Previous Gas		· · · · · · · · · · · · · · · · · · ·		
<sup>4</sup> API 30 - 025 - 316	Number Ng			Arrowhead 0	iraybur	<sup>5</sup> Pool Name 1 <b>0</b>	2					Pool Code 040	
	erty Code				8	Property Na	ine					Well Number	
2571	face Local	lion	<i>F</i>	rrowhead Gra	yburg	Unit			·····		Z	19	<u>,</u>
II. <sup>10</sup> Sur Ul or Lot. No.	Section	Township	Range	Lot Idn.	Fee	t from the	North/Sou	uth Line	Feet from the	e East	West Line	Coun	ity
D	18	225	37E		5	30	North		948	V	Vest	Lea	a
	tom Hole L				5.46		North/South	Ling	Feet from the	FactAA	Vest Line	Count	v
UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet fr	rom the	North/South	Line	reet nom the	Lasuv	vest Line	Courn	. <b>y</b>
<sup>12</sup> Lse Code	<sup>13</sup> Produciu	ng Method Code	<sup>14</sup> Gas	Connection Da	te <sup>15</sup>	<sup>5</sup> C-129 Per	mit Number	13 C	-129 Effective	Date	<sup>17</sup> C-129	Expiration	Date
P		P	Cue	8/92				1					
III. Oil and	Gas Trans	sporters			· · · · · · · · · · · · · · · · · · ·								
<sup>18</sup> Transport <b>er</b> OGRID		1	<sup>9</sup> Transporter and Add			20 p	0 <b>0</b> <sup>21</sup> 0	)/G		<sup>22</sup> POI	DULSTR Locati and Description		
024650	······	Warren Petrole				281574	8	G					
024030		P.O. Box 1589, T		4102	in real				2	18-225-3	37 <b>E</b>		
022345		Texaco E&P			f	281574	19	G					
022343	A A S & S	P. O. Box 4325, 1	Kouston, TX	77210	ACT N				2-18-22S-37E				
					P	Million Trubic 1							
· •													
IV. Produce		·····				24							
<sup>23</sup> F	'0D					24 POD L	ILSTR Location	and Descr	iption				
	mpletion	Data							20			20	
25 <	Spud Date		<sup>26</sup> Ready Di	ate		<sup>27</sup> TD			<sup>28</sup> PBTD		<sup>29</sup> Perforation <b>s</b>		
	<sup>30</sup> Hule Size		1.00 XXXX 1.00 Y XX	<sup>31</sup> Casing & Tubing	Size			<sup>32</sup> Depth S	<sup>33</sup> Sacks Cen			ks Cement	
VI. Well Te		<sup>35</sup> Gas Deli	uany Date	36 T	est Date		<sup>37</sup> Test Le	enath	38 Ţ	bg. Pressu	re	<sup>39</sup> Csg. Pre	ssure
• Date	NEW UII	Gas Den	very Date		Jan Date			5		•			
<sup>49</sup> Chu	ke Siz <b>e</b>	41	Oil	42	Water	et, 20082873- († 25987884	<sup>43</sup> Ga	S	201 22 Conference & 1999 - 199	<sup>44</sup> AOF		<sup>45</sup> Test Me	etho <b>d</b>
<sup>46</sup> I hereby certif information given	y that the rules above is true a	s of the Oil Conserv nd complete to the t	ation Division vest of my kno	have been complie wledge and belief.	d with an	nd that the		0	DIL CONSERV	ATION	DIVISION		
Signature:	<b>.</b> .						Accessed by the	ORIG	INAL SIGNE			TON	
1 At	Rin	lein					Approved by:		DISTRICT		N Y 13 U K		·
Printec Vine:	Ripley	J					Title:						
Tate:	nihie 1	<u>_</u>					Argnust Der	<u></u> -	nfí	29	iesj		
T.A.		· · · · · · · · · · · · · · · · · · ·	Fhone:										
12/19	95	·. · <u>.</u>	a china a a	87-7148				•		2 <u>.</u>			······
· • •		111 1123	· · · · · · · · · · · · · · · · · · ·	yne ditte bree e	i i sai	t							

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

## State of New Mexico

Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

P. O. Box 2088

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

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

<u>DISTRICT III</u> 1000 Rio Bražos Rd., Aztec, NM 87410

T

# Santa Fe, New Mexico 87504-2088 **REQUEST FOR ALLOWABLE AND AUTHORIZATION**

· TO TRANSPORT OIL AND NATURAL GAS

Operator		·	······					Well	API No.	
Chevron U.S.A., Inc.					······				- 025-31609	
Address P. O. Box 1150, Midland, TX 79	702									
Reason (s) for Filling (check proper box)						Othe	(Please exp	olain)		
New Well		hange in Tr	ansporter o	of:						
Recompletion Change in Operator	Oil Coair chood	<b>C</b>		Dry Ga						
	Casinghead			Conden						
If chance of operator give name and address of previous operator										
		00								
II. DESCRIPTION OF WELL Lease Name	AND LEA	SE Well I	No. Pool	Name I	ncluding Fo	metion		W:- 4	-61	<u> </u>
				1.00000, 1	nengoing 1-0				of Lease Federal or Fee	Lease No.
Arrowhead Grayburg Unit		219		Arrow	vhead Gra	ayburg			2	-
Location										
Unit Letter D	:	0530	Feet Fi	rom The	North	1Line a	und	948	_Feet From The	West Line
Section 18 Township	228		Dene		37E	\\\\ <b>\</b>		T	-	
			Rang			, NME	<u>M,</u>	Lea		County
III. DESIGNATION OF TRAN	SPORTER		L AND 1 idensate	NATU						
Effective 4-1-94	X				Addr	cai (Give	aau <b>ress 1</b> 0	wnich approv	ea copy of this fo	orm is to be sent)
Effective 4-1-94 EOTT Oil Pipeline Co., Texas-New	Mexico Pi		- <u></u>			<b>P.O.</b>	Box 4666	, Houston,	TX 77210-46	66, Suite 2604
Name of Authorized Transporter of Casing	sed .	Inc	r D y Gas		Addr	css (Give	add <b>ress</b> 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 conne	cted ?	When ?		
give location of tanks.	give location of tanks.					Yes			Unknown	
If this production is commingled with that i	rom any othe	lease or p	ool. give o	mmine	ling order n			L	UIKNOWI	
IV. COMPLETION DATA	····· <b>·</b>			B						- ·
	~~	OilW	'ell Gas	Wall	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded	- (X) Date Compl.	Ready to 1			Tatal Dia	<u> </u>	<u> </u>		l	L
van opinion	Date Compl.	Acady to 1	r fud.		Total Dept	1		P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation		Top Oil/Ga	is Pay		Tubing Dept	th	
Peforations	I				L	······································		Depth Casin	. g	
ļ									¥ 5	
HOLE SIZE		TUBING, IG & TUBI		AND C	CEMENTING RECORD DEPTH SET				01/7/0 m	
						Jain JEI			SACKS CE	
······································			···							
V. TEST DATA AND REQUES	T FOR AI	LOWA	BLE							
OIL WELL (Test must be after r	ecovery of tote	il volume o	f load oil a	ind must	t be equal to	or exceed top	allowable f	or this depth	or be for full 24 I	ours)
Date First New Oil Run To Tank	Date of Test				Producing 1	Method (	Flow, pump	o, gas lift, etc.	)	
Length of Test	Tubing Press	ure			Casing Pres	sure		Choke Size		
	<u></u>		<u> </u>							
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	<b>S.</b>		Gas - MCF		
GAS WELL					· ·			· · · · ·		
Actual Prod. Test - MCF/D	Length of Te	st '			Bbls. Cond	ansate/MMCF		Gravity of C	ondensate	<u>.</u>
Testing Method (pilot, back press.)	Tubing Press	ne (Shot	in)		Casing Day	sure (Shut - in		Chaba Si-		
(provis ouch preds.)	a sound 1 1081	-ic (onut •	,		Casing Lici	1011C) - 10	,	Choke Size		
										· · · ·
I hereby certify that the rules and regulation						OIL	CONS	ERVAT	ION DIVIS	ION
Division have been complied with and the			above		Dete	Annasia	1	ברט	1 7 1001	
is true and complete to the best of my known $(1, 1)$	owledge and t	chef.			Date	Approved	<u> </u>		17 1994	
Q. R. Riplier	:				By			Or	ig. Signed b	
Signature	~				-				aul Kautz Geologist	
J. K. Ripley Printed Name	T./				Title_					
1/27/94	Titl (91	e 5)687-71	48							
Date		elephone N								
INSTRUCTIONS: This form is to be f	iled in compl	ance 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.

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.

blank

Submit 5 Copies Appropriate District Office <u>DISTRICT I</u>

P. O. Box 1980, Hobbs, NM 88240

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

## OIL CONSERVATION DIVISION

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

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

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

#### P. O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

I								Wall	API No.	
Operator Chevron U.S.A., Inc.									<b>025-31609</b>	
Address										
P. O. Box 1150, Midland, TX 79"	702									
Reason (s) for Filling (check proper box)				-		Uthe:	(Please exp	iain)		
New Well	Chan; Oil	ge in Trai	nsporter o	f: Dry Gas						
Recompletion Change in Operator	Casinghead Ga	s		Condensa	ute					
If chance of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE	5								
Lease Name		Well No	o. Pool l	Name, In	cluding For	mation			of Lease	Lease No.
		h10			-			State,	Federal or Fee	
Arrowhead Grayburg Unit		219		Arrow	head Gra	iydurg				I
Location										
Unit Letter D	:	0530	_Feet Fr	om The	North	Line	and	948	Feet From The	West Line
Section 18 Township	22S		Range		37E	, NM	PM.	Lea		County
			v				* 1114			Jouiny
III. DESIGNATION OF TRANS	SPORTER (	OF OIL or Cond		NATU	RAL GA	S IChu	addrars to	which approx	ed copy of this fo	rm is to he cert
Name of Authorized Transporter of Oil	X	or Cond	CHISAUC		Addre	~~ (UW	auur ess 10 1	much approv	ca copy oj una jo	THE WE WE SET !!
EOTT Oil Pipeline Co., Texas-New	Mexico Pipel	line			_				<u>TX 77210-466</u>	
Name of Authorized Transporter of Casing	head Gas		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 U	Sec.	Twp.	Rge.	Is gas a	ctually conn	ected ?	When ?	· · ·	· · · · · · · · · · · · · · · · · · ·
give location of tanks.			-			<b>T</b> 7			Tt-le-c	
			.1 .1	L		Yes	···	L	Unknown	
If this production is commingled with that f	rom any other le	ase or po	oi, give a	ommingl	ing order nu					
IV. COMPLETION DATA		Oil We	II Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)									
Date Spudded	Date Compl. R	eady to P	rod.		Total Dept	h		P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing For	nation		Top Oil/Ga	s Pav		Tubing Dep	th	
Peforations								Depth Casin	ig	
		UBING.	CASING	AND C	EMENTING RECORD					
HOLE SIZE		& TUBI				DEPTH SET			SACKS CE	EMENT
······································					ļ					
				·····				1		<b>`</b>
V. TEST DATA AND REQUES				_						
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total Date of Test	volume of	load oil d	and mus	be equal to Producing	or exceed to	p allowable j	for this depth p, gas lift, etc	or be for full 24 .	hours)
Date Pirst New Oil Kun 10 Iank	Date of lest				rioudcing	DOIDOU	(1° 10° W, pum	p, gus 1191, etc	•/	
Length of Test	Tubing Pressur	re			Casing Pre	ssure		Choke Size		
					Water - Bb	10		Gas - MCF		
Actual Prod. During Test	Oil - Bbls.				water - Bb	13.		Jas - MCF		
GAS WELL	· · · · · · · · · · · · · · · · · · ·				•					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Cond	ensate/MMC	F	Gravity of C	Condensate	
The Mathe	Tubine Derror		;n)		Casing Dec	Calles (Chud	<u>in)</u>	Choke Size		
Testing Method (pilot, back press.)	Tubing Pressur	ie (Snut -	ம			ssure (Shut -	ш <i>)</i>	CHOKE SIZE		
I hereby certify that the rules and regulat	tions of the Oil C	Conservati	ion			OI	L CONS	SERVAT	ION DIVIS	SION
Division have been complied with and the					_				1 1 1001	l
is true and complete to the best of my kn	owledge and be	lief.			Date	Approve	ed		3 1 7 1994	
1 O.K. Pinkinger	·.				By			O	rig. Signar	
Signature	·····				_,				rig. Signed   Paul Kautz	<del>y</del>
J. K. Ripley	T.A.	•			Title				Geologist	
Printed Name	Title									
1/27/94		5)687-71								
Date		elephone l								
INCOMPANY AND AND THE APPROX IS AN AS										

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

 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			tate of New Mexis and Natural Reso		ent			Form C-105 Revised 1-1:89			
State Lease - 6 copies Fee Lease - 5 copies					<b>.</b>	LL API NO.					
DISTRICT I P.O. Box 1980, Hobbs, N	D.C. 88740	OIL CONS	ERVATION	DIVISIO	N	30-0	25-31609				
•••••		Santa Fe	P.O. Box 2088 New Mexico 87	504-2088	5.	5. Indicate Type of Lease STATE FEE X					
DISTRICT II P.O. Drawer DD, Artesia DISTRICT III	NM 88210	Jaina I C,			6	State Oil & (	Gas Lease No.				
1000 Rio Brazos Rd., Az						mm	mm				
WELL CO	DMPLETION (	OR RECOMPLE	TION REPORT	AND LOG			or Unit Agreen	Name			
1a. Type of Well: OIL WELL	GAS WELL	DRY D	OTHER	<u>_</u>							
b. Type of Completion: NEW WORK WELL X OVER							d Graybu	rg Unit			
2. Name of Operator					8	Well No.	10				
Chevron U.S. 3. Address of Operator	A., Inc.			<u> </u>		. Pool same o	19 x Wildcau				
i	50. Midlan	d, TX 79702	2		1	Arrowhea	ad Grayb	urg			
4. Well Location											
Unit Letter	D:53	O_ Feet From The _	North	Line and	948	Feet Fr	om The				
Section 18	5		S Rang		NM		Lea	County			
10. Date Spudded 1	1. Date T.D. React	ned 12. Date Co	mpl. (Ready to Prod.)	13. Elevi	uion: (DFa	RKB, RT, GA	R, esc.) 14.	Elev. Casinghead			
6/28/92	7/2/92	8/4/	92 17. If Multiple Compl.	<u> </u>	430 GI	Rotary Toolu		able Tools			
15. Total Depth	16. Phug Bac		Many Zones?		Drilled By		- [-				
3805' 19. Producing Interval(s),	380 of this completion				<u> </u>		0. Was Directio	onal Survey Made			
3595'-3802'		•					Yes				
21. Type Electric and Oth						22. Was We	il Cored				
DLL-MSFL-GR-CA	L-LDT-CNL-						No	·····			
23.		CASING R	ECORD (Repo		set in v	vell)					
CASING SIZE	WEIGHT L			OLE SIZE		IENTING R		AMOUNT PULLED			
8-5/8"	23#	108		2 <u>-1/4"</u> 7 <u>-7/8"</u>		50 sx surf					
5-1/2"	15.5#		<u></u>	(= 1/.0		<u> </u>					
							DING BEC				
24.		LINER RECO BOTTOM	RD SACKS CEMENT	SCREEN	25.	STZE	TUBING RECORD E DEPTH SET PACKE				
SIZE	TOP	BOILOM	SALKS CEMENT		2.	-7/8"	361				
26. Perforation reco	rd (interval, siz	e, and number)				FRACTUR	E, CEMEN	T, SQUEEZE, ETC. D MATERIAL USED			
			、 、	<b>DEPTH INT</b> 3595'-3				EFE, 15,000#			
3595'-3636' 2 3641'-3802' 2		-		3595 - 5	030			s clean fluid			
3041 - 3802 2	-1 OHFT 100	deg (150 ik	51637								
28.			PRODUCTI	ON							
Date First Production			Flowing, gas lift, pum	ping - Size and typ	е рынф)			is (Prod. or Shut-in)			
8/11/92		Pumping	Prod'a For	Oil - Bbl.	Gus - M	CF	Pr Water - Bbl.	Gas - Oil Ratio			
Date of Test 9/15/92	Hours Tested 24	W.O.	Test Period	29	128	1	47	1621			
Flow Tubing Press.	Casing Pressure	Calculated 24	- Oil - Bbl.	Gas - MCF	W	nter - BbL	ł	ity - API - (Corr.)			
40#	40#	Hour Rate	29	128		47	the second data was a	4.2			
29. Disposition of Gas (Se	old, used for fuel, v	ented, etc.)				Test	Witnessed By				
Sold 30. List Attachments											
31. I hereby certify that	the information	shown on both side	es of this form is tru	e and complete	to the best	of my know	iedge and bei	ief			
SI. I nereby certify that				-							
Signature	<u>, Riple</u>	Ý	Printed Name <u>J. K</u>	. Ripley	Ti	ue <u>Tech</u>	Assista	unt_Date_9/16/92			
L		/						mp			

i

# 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 lests 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. Anhy1098	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt1295	T. Strawn	T. Kirtland-Fruitland	_ T. Penn. "C"
<b>B. Salt</b> 2447	T. Atoka	T. Pictured Cliffs	. T. Penn. "D"
T. Yates2663	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers 2836	T. Devonian	T. Menefee	T. Madison
T. Queen3333	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montova	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock		T. Dakota	_ T
T. Blinebry		T. Morrison	_ T
T. Tubb	T. Delaware Sand	T. Todilto	Т
T. Drinkard		T. Entrada	Т
T. Abo	Т.	T. Wingate	Т
T. Wolfcamp	Т	T. Chinle	Т
T. Penn	Т.	T. Permain	T
T. Cisco (Bough C)	T	T. Penn "A"	T

#### **OIL OR GAS SANDS OR ZONES**

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

#### IMPORTANT WATER SANDS

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

No. 1.	from	 .f <b>eet</b>
No. 2.	from	 .feet

#### LITHOLOGY RECORD (Attach additional sheet if necessary)

From	То	Thickness in Feet		From	То	Thickness in Feet	Lithology
Surf	1098	1000					
1098	1295	1098 197	Surface Alluvium Anhydrite	1			
1295	2447	1152	Salt				
2447	3453	1006	Interbedded sands, shale				
			& evaporites				
3453	3654	201	Calcareous sands inter-				
			bedded w/thin dolomites				
3654	3810	156	Dolomites interbedded w/	1			
			thin dolomite sandstones		1		
							RECEIVED
							SEP 1 7 1992
							SEP 1 1 1952
							CCD HOBSS OFFICE
					* 		

Submit 5 Copies	
Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM	
P.O. Box 1980, Hobbe NM	882

#### 80, Hobbe, NM 81 240 DISTRICT II P.O. Drawer DD, Astesia, NM \$\$210

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

I.

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

**JIL CONSERVATION DIVISION** 

nent

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

# REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		1011	IANS	PORTO	IL AND N	ATURAL					
Chevron U.S.A., In	nc.						We	<b>U API No.</b> 30-0	25-31	609	
P. O. Box 1150, Mi	dland	TX 797	202								
Reason(s) for Filing (Check proper be	x)	17 191	02								
New Well	•	Change	ia Trang	porter of:		ther (Please et	qlain)				
Recompletion	Oil	Ľ	Dry G								
Change in Operator	Casing	ead Gas	Conde	ante 🗌							
-											
II. DESCRIPTION OF WEI	L AND L										•
Arrowhead Grayburg	Unit	<b>Well No.</b> 219			ad Gray		Kind	t of Lease , Poderal or F		Lease	No.
Location		215			au Grayi	Jurg		ee			
Unit Letter		30	_ Feet Fr	rom The	North U	ee and <u>94</u> 8	а. <b>•</b>				
Section 18 Town	<b></b>						I	ser more the	Wes	<u>t.                                    </u>	Line
			Range				<u>a.</u>	·			County
III, DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORT	<u>ER OF O</u>	IL AN	<u>D NATU</u>	RAL GAS						
Texas New Mexico Pi		or Conde	<b>nsale</b>		Address (Gi	we address to y	which approve	d copy of this	form is to	be sent)	
Name of Authorized Transporter of Car	singhead Gas		or Dry	Gas [	P.	O. Box 2	2528, Ho	bbs, NM	882	40	
Texaco Expl & Prod	Inc.	لنف			P.	<b>e address to x</b> O. Box 3	и <b>ліся арргочи</b> 3000 - Проб	1 copy of this lsa Or	<b>form is to</b> 7410:		
If well produces oil or liquide, give location of tanks.	Unit	Sec.	Twp.	Rge.	le gas actual	y connected?	When	the second s	7410	<u> </u>	
If this production is commingled with th				<u> </u>	Ye	<u>s</u>	İ	8/11/92			
IV. COMPLETION DATA		NOT HELE OF	poor, <b>g</b> rv	e commingi	ing order num	ber:					
Designate Type of Completio	- (V)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Re	a'v bir	T Res'v
Date Spudded		pl. Ready to	Bard		X Total Depth	<u> </u>	i	i			
		4/92	riou.		3805'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Toducing Fo	mation		Top Oil/Gas	Pay		Tubing Dep	05'		
GE	Gra	vburg		_	3595			3614	41		
								Depth Casiz	g Shoe		<u> </u>
3595'-3802'	<u> </u>	TIBING	CASIN		CEMENTO	NG RECOR					-
HOLE SIZE		SING & TU				DEPTH SET		T	ACKS C	ENENT	
12=1/4"	8-	-5/8"				85'		750		EMENI	
7-7/8"	5-	-1/2"			380	<u>55'</u>		1025			
·····											
. TEST DATA AND REQUE								I			
OLWELL (Test must be after Inte First New Oil Run To Tank	recovery of to Date of Tes	tal volume o	f load oi	and must l	be equal to or	exceed top allo	wable for this	depth or be j	or full 24	hours.)	
8/11/92		∎ 5/92				<b>thod (<i>Flow, pu</i> nping</b>	mp, gas lýt, e	lc.)			
ength of Test	Tubing Pres				Casing Pressu	<u> </u>		Choke Size			
24 hrs	40#				40	<u>#</u>		W.O.			
76	<b>Oil - Bbls.</b> 29				Water - Bbis. 47			Gas- MCF 128	_		
GAS WELL	_1										
Ictual Prod. Test - MCF/D	Length of 1	eat			Bbis. Condens	ale/MMCF		Gravity of C	OB des este		<u> </u>
		•									
sting Method (pitot, back pr.)	Tubing Pres	unure (Shut-i	R)		Casing Pressue	s (Shut-ia)		Choke Size			
L OPERATOR CERTIFIC	ATEOF	CUMPI	TANC					L			]
I hereby certify that the rules and regu	lations of the (	Dil Conserva	nion		0	IL CON	SERVA	TION [	DIVIS	ION	
Division have been complied with and is true and complete to the best of my	that the inform	nation riven	above					¦E b	189		
$\Delta \mu \rho \cdot h$	wage ap				Date	Approvec	d t		<u>,</u>		•
U.K. Kinly					~	01	IGINAL OF	9310-0			
J. K. Ripley	ጥ <u>~</u>	ch Ass	istan		By		IGINAL SI	CT I CHOP	SRRY SI	XTON	<u> </u>
Printed Name		015)687	_	II	Title_			<u>-</u>	AIPOX		
9/16/92 Date	()		- /148		11110-		····				<u> </u>
	<u> </u>	1 cichy	NUE INO.	[							

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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