

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 - 025-31610
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filing (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. 234	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter L : 1880 Feet From The South Line and 750 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 or Condensate EOTT Oil Pipeline Co., Texas-New Mexico Pipeline Effective 4-1-94 <input checked="" 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
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Expl & Prod Inc	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	Yes 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
1/27/94 Date
(915)687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1994**
By **Paul Kertz** Orig. Signed by
Geologist
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.

blank

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 - 025-31610
Address P. O. Box 1150, Midland, TX 79702	
Reason (s) for Filing (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"/>
Change in Operator <input type="checkbox"/>	Dry Gas <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. 234	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter L : 1880 Feet From The South Line and 750 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	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texaco Expl & Prod Inc	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	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

<p>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.</p> <p><i>J. K. Ripley</i> Signature J. K. Ripley Printed Name 1/27/94 Date</p> <p>T.A. Title (915)687-7148 Telephone No.</p>	<p>OIL CONSERVATION DIVISION</p> <p>Date Approved FEB 17 1994</p> <p>By Paul K. Gentry Orig. Signed by Geologist</p> <p>Title _____</p>
--	---

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

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

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**

I.

Operator Chevron U.S.A., Inc.	Well API No. 30-025-31610
Address P. O. Box 1150, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 234	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>750</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> , <u>NMPM</u> , 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"/> Texas New Mexico Pipeline	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl & Prod Inc.	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	Sec.	Twp.	Rge.
Is gas actually connected?		When?		
Yes		8/7/92		

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 7/3/92	Date Compl. Ready to Prod. 8/6/92		Total Depth 3857'		P.B.T.D. 3856'			
Elevations (DF, RKB, RT, GR, etc.) 3434' GE	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3608'		Tubing Depth 3855'			
Perforations 3608'-3850'				Depth Casing Shoe				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	1151	750
7-7/8	5-1/2	3857	850
	2-7/8	3855	

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 8/7/92	Date of Test 9/16/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 40#	Choke Size W.O.
Actual Prod. During Test 338	Oil - Bbls. 63	Water - Bbls. 275	Gas - MCF 54

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
 9/15/92 Date (915) 687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1992

By MERRY SEXTON
GENERAL SUPERVISOR

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.

blank

RECEIVED
SEP 17 1992
OCD HOBBS OFFICE

Submit to Appropriate District Office
 State Leases - 6 copies
 Fee Leases - 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.
 30-025-31610

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
 OIL WELL GAS WELL DRY OTHER _____

b. Type of Completion:
 NEW WELL WORK OVER DEEPEN PLUG BACK DEEP RESVR OTHER _____

7. Lease Name or Unit Agreement Name
 Arrowhead Grayburg Unit

2. Name of Operator
 Chevron U.S.A., Inc.

8. Well No.
 234

3. Address of Operator
 P. O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat
 Arrowhead Grayburg

4. Well Location
 Unit Letter L : 1880 Feet From The South Line and 750 Feet From The West Line

Section 18 Township 22S Range 37E NMPM Lea County

10. Date Spudded 7/3/92
 11. Date T.D. Reached 7/8/92
 12. Date Compl. (Ready to Prod.) 8/6/92
 13. Elevations (DF & RKB, RT, GR, etc.) 3434' GE
 14. Elev. Casinghead --

15. Total Depth 3857'
 16. Plug Back T.D. 3856'
 17. If Multiple Compl. How Many Zones?
 18. Intervals Drilled By Rotary Tools Cable Tools
 X

19. Producing Interval(s), of this completion - Top, Bottom, Name
 3608'-3850' Grayburg

20. Was Directional Survey Made
 Yes

21. Type Electric and Other Logs Run
 GR-MSFL-CAL-DLL

22. Was Well Cored
 No

23. **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#	1151'	12-1/4"	750 sx	surf
5-1/2	15.5#	3857'	7-7/8"	850 sx	surf

24. **LINER RECORD**

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. **TUBING RECORD**

SIZE	DEPTH SET	PACKER SET
2-7/8	3855'	

26. Perforation record (interval, size, and number)
 3608'-3850' 2 JHPF 180 deg (92 holes)

27. **ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.**

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3608'-3850'	840 bbls 15% NEFF

28. **PRODUCTION**

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)					
8/7/92	Pumping	Prod					
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
9/16/92	24	W.O.		63	54	275	857
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
40#	40#		63	54	275	34.2	

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 Tech Assistant Date 9/15/92

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 _____ 1154 _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 1250 _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____ 2452 _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2657 _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____ 2856 _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3318 _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____ 3625 _____	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. Blinebry _____	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. 3, from.....to.....
 No. 2, 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	1154	1154	Surface Alluvium				
1154	1250	96	Anhydrite				
1250	2452	1202	Salt				
2452	3435	983	Interbedded sands, shales & evaporites				
3435	3625	190	Calcareous sandstones interbedded w/thin dolomites				
3625	3844	219	Dolomite interbedded w/ thin dolomite sandstones				

RECEIVED
 SEP 17 1992
 OGD HOBBS OFFICE