

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 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. 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	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 Title
Date **(915)687-7148**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1994**

By **Paul Kenty**
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.

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I.

Operator Chevron U.S.A., Inc.	Well API No. 30 - 025-31610
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. 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					
EOTT Oil Pipeline Co., Texas-New Mexico Pipeline						
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 ? 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
1/27/94 Title
Date **(915)687-7148**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1994**

By Paul Kent Orig. Signed by
Geologist

Title _____

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

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- 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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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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. 234	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee	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"/> 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			
TUBING, CASING AND CEMENTING RECORD								
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.

Signature
J. K. Ripley
Printed Name
J. K. Ripley
Date
9/15/92
Tech Assistant
Title
(915) 687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1992
By KERRY SEXTON
Title

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

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- 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 Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesia, NM 88210

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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 <input type="checkbox"/> FEE <input checked="" 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 <input type="checkbox"/>		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 RESVR <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Well No. 234	
2. Name of Operator Chevron U.S.A., Inc.		9. Pool name or Wildcat Arrowhead Grayburg	
3. Address of Operator P. O. Box 1150, Midland, TX 79702			
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 X Cable Tools
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

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					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	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

PRODUCTION

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

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SEP 17 1992

OCD HOBBS OFFICE