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DISTRICT I
P.O. Box 1980 Hosba No.

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

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION	See instruc
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088	at Bottom
•	Santa Fe, New Mexico 87504-2088	
DISTRICT III		

I.	<sup>17410</sup> REC	UEST F	OR	ALLOV	VAI	BLE AND	AUTHOR ATURAL (	RIZATIO	V			
Operator Chayron II S. A.		10 110	7110	roni	Oil	L AND N	ATURAL		II API No.		<del></del>	
Chevron U.S.A., Inc.  Address P.O. Box 1150 Midland, TX 79702							3	30-025-11207				
		X 7970:	2									
Reason(s) for Filing (Check proper New Well	box)	<b>O</b>	· · · ·				ther (Please ex	plain)				
Recompletion	Oil	Change in	Dry		$\neg$							
Change in Operator		ead Gas 🛛			$\exists$							
If change of operator give name and address of previous operator				<u>-</u>			<del></del>			<del></del>		
II. DESCRIPTION OF WI	ELL AND LE	EASE						· · · · · · · · · · · · · · · · · · ·			<del></del>	
Lease Name		Well No.	,			ing Formation	1		d of Lease		Lease No.	
Plains Knight Location		1	Fov	vier Elle	enb	urger		Fee	e, Federal or F	ee		
Unit Letter L	. 1980		. Feet 1	From The	So	uth Li	ne and 660	•	Feet From The	West	••	
Section 23 Tow	waship 2	48		37E							Line	
							ІМРМ,		Lea	<del></del>	County	
III. DESIGNATION OF THE Name of Authorized Transporter of (		or Conden	L AN	ND NAT	rui	RAL GAS		<del></del>				
Shell Pipelin	ا کے ا	or contacts	MUC			Address (Gr	ve address to w	vhich approve	d copy of this	form is to be	seni)	
Name of Authorized Transporter of ( Sid Richardson Carbon 8	Casinghead Gas Gasoline	X	or Dry	Gas _		Address (Git 201	we address to w Main St.,	hich approve Suite 30	ed copy of this ; 00, Ft. Wo	form is to be :	sent) 76102	
If well produces oil or liquids, pive location of tanks.	Unit	Sec.	Twp.	R	ge.	is gas actuali	y connected? Yes	Whe	n ?		70102	
f this production is commingled with	that from any oth	er lease or p	ool, gi	ve commi	ingli				PLC-8	known 37		
V. COMPLETION DATA		Oil Well		Gas Well	<del></del> -		1		~···········			
Designate Type of Complet		<u>i</u> i	i	OSE Mell	; ]	New Well	Workover •	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.			Total Depth			P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing				th			
Perforations							<del></del>					
									Depth Casin	g Shoe		
UOLE 617E					DC		NG RECOR		-\			
HOLE SIZE	CAS	CASING & TUBING SIZE				<del></del>	DEPTH SET		SACKS CEMENT			
				<del></del>	-				<del> </del>			
TEST DATA AND REQU	JEST FOR A	LLOWAI	BLE				<del></del> -					
IL WELL (Test must be aft	er recovery of tol			il and mu	sı be	equal to or	exceed top allo	wable for thi	s depth or be fo	or full 24 hou	<b>75.)</b>	
ate First New Oil Run To Tank	Date of Test	l.			P	roclucing Me	thod (Flow, pu	mp, gas lift, e	ttc.)		<del></del>	
ength of Test	Tubing Pres	sure			7	asing Pressur	re		Choke Size	<del></del>		
ctual Prod. During Test	Oil - Bbls.	Oil Phie		- u	Water - Bbls			Gas- MCF				
	Oil - Dois.					vacor - Dola.			Gas- NICI			
SAS WELL												
ctual Prod. Test - MCF/D	Length of To	Length of Test			В	Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			c	asing Pressur	e (Shut-in)		Choke Size			
				<del></del>	١,							
L OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a	gulations of the O	il Conservati	ion	CE		0	IL CON	SERVA	ATION D	OIVISIO	N	
is true and complete to the best of m	y knowledge and	belief.	=v∪v¢		$\parallel$	Data	Annrous	1	JAN 1	3 '92		
J.K. Riplan							Approved					
Signature J. K. Ripley		Tech As	Sista	nt.		Ву	URIGII	VAL SIGNI	ED BY JERR	Y SEXTOX	ş	
Printed Name 12/27/91		Tit	lle			Title_		DISTRICT	I SUPERVIS	OR T		
12/21/91 Date	· <del></del>	(915)687							<del></del>	<del></del>		

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.