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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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 874	IO REC	DUEST	FOR A	ALLOW	۷A	BLE AND	AUTHOF	RIZATIC)N				
I. Operator		TOTE	RANSE	PORT	01	L AND NA	ATURAL C	SAS	ell API No.				
Address									30-025-11208				
	Midland, 1	TX 7970	02										
Reason(s) for Filing (Check proper box New Well	:)	Channa	in Trans	noder of:		Ou	her (Please exp	olain)					
Recompletion	Oil		Dry C										
Change in Operator	Casingh	ead Gas			5								
If change of operator give name and address of previous operator										· <u></u>			
II. DESCRIPTION OF WEL	L AND LI			with		Forvle	en Jul	h	(R-947	2 4-/-	91)		
Plains Knight	Meil No. Foot Name					ing Formation Drinkard		Ki St	ind of Lease ate, Federal or I	ee	Lease No.		
Location Unit Letter N	.660			rom The			e and 1830	lFe	. Feet From The	. West	Line		
Section 23 Towns	hip 2	245	Range	37E		. Nī	MPM,		1.00				
III. DESIGNATION OF TRA	NSDADTI	ED OF C			· · · ·		····		Lea		County		
Name of Authorized Transporter of Oil		or Coade	neate		UI	Address (Gin	e address to w	hich appro	ved copy of this	form is to be s	eni)		
Name of Authorized Transporter of Casi	nghead Gas	[X]	or Dry	Gas	7								
Sid Richardson Carbon & G If well produces oil or liquids,	Sid Richardson Carbon & Gasoline				_	201	Main St.,	Suite 30	000, Ft. W	d copy of this form is to be sent) 00, Ft. Worth, TX 76102			
give location of tanks.	Unit	Sec.	Twp.	Rg	J	is gas actually	/connected? Yes	Wh					
If this production is commingled with the IV. COMPLETION DATA	t from any of	her lease or	pool, giv	e commi	ngli	ng order numb	er:		PLC-				
Designate Type of Completion	~~~~	Oil Well	1 (Gas Well	_	New Well	Workover ·	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.		-	Total Depth		i	<u> </u>		Dill Reiv		
Elemeticas (DE BKD DE CD					1	•			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
erforations									Depth Casir	Depth Casing Shoe			
	Ţ	UBING,	CASIN	IG ANI) (EMENTIN	G RECORI	D					
HOLE SIZE		SING & TU			DEPTH SET				SACKS CEMENT				
	 				+								
					+								
7. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		_l_								
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of tol	al volume d		l and mus	t be	e equal to or e	xceed top allow	vable for th	is depth or be f	or full 24 hour	s.)		
	Date of Tes					reducing Meth	iod (Flow, pun	rp, gas lift,	elc.)				
ength of Test	Tubing Pres	sure			C	asing Pressure	:		Choke Size	Choke Size			
actual Prod. During Test	Oil - Bbls.				V	Valer - Bbls.			Gas- MCF				
GAS WELL	I												
actual Prod. Test - MCF/D	Length of Test				В	bls. Condensat	e/MMCF		Gravity of Co	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				C	Casing Pressure (Shut-in)			Onoke Size	Choke Size			
W OPEN A MODE CONTRACT	<u> </u>								G.OLD SIZE				
I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and the	tions of the C	dil Conserva	tion.	Œ		Ol	L CONS	SERV	ATION [DIVISIO	N		
is true and complete to the best of my k	nowledge and	belief.				Date A	pproved		JAN 13'9	92			
Signature J. K. Ripley		Tech As	eele+a-			By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name 12/27/91		T	itle			Title		recent to the	WERVISOR				
12/2//91 Date		(915)68	5/-714	8									

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.

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A. Inc. 30-025-11208 Address P.O. Box 1150, Midland, TX. 79702 Reason(s) for Filing (Check proper box) A Other (Please explain) New Well Change in Transporter of: Recompletion Note: Inital Filing of Gas Transporter Dry Gas Oil

Change in Operator	Casingh	ead Gas 🔯	Conden	seste 🗆		incorr	ect.		•			
If change of operator give name and address of previous operator			,									
IL DESCRIPTION OF WELL	L AND LI	FASE					·· · · · · · · · · · · · · · · · · · ·					
Lease Name		Well No	Pool N	ame Inches	dian Esperie		·					
Plains Knight	Well No. Pool Name, Included Bushing To The Pool Name of				ung rommanon	kard P	947> Kin	d of Lease	of Lease Lease No.			
Location			34.	76	Faccific	Kara 4/	1/9/ 22	Astrodorat or F	ce			
Unit LetterN	:	660	Feet Fro	om The _	South Line	$\frac{183}{2}$	0	Feet From The	West	Line		
Section 23 Towns	hip 24S		Range			мрм,						
III. DESIGNATION OF TRA	NSPORTI	ER OF O	II. ANI	D NATE						County		
The formation and the second of the	[XX]	or Conden	sate	NAIU	Address (Giv	address to w	Wali a					
Shell Pipeline					P.O.	Box 1910	. Midla	ed copy of this pand, TX	<i>form is to be s</i> 79701	eni)		
Name of Authorized Transporter of Casi	nghead Gas	XX	or Dry (Gas 🔲	1 4	e address to w	ich annemy	ed copy of this	form in to be a			
Sid Richardson Carb	on and (Cas Co.	El 48	220	201 M	ain St.,	Fort V	Worth, TX	76102	ent) 		
give location of tanks.	Unit N	Sec.	Twp.	Rge.	Is gas actually	connected?	Whe	n ?				
If this production is commingled with that	from any or	her lease or	pool, give	commine	ing order numb	5		1/21/91				
IV. COMPLETION DATA	-		, , ,		and order timing							
Designate Type of Completion	- (2)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		ipl. Ready to	Brod		Table		İ	<u> </u>				
					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					ay		Tubing Depth				
Perforations	erforations						·	Death God G				
								Depth Casin	Depth Casing Shoe			
	7	TUBING.	CASIN	G AND	CEMENTIN	G PECODI				·		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			110100 000			
	S. G. T. G. G. G. T. G. G. G. T. G. G. G. T. G. G. G. T. G. G. T. G. G. G. G. T. G. G. G. G. T. G.					DEF IN SET			SACKS CEMENT			
	1											
												
												
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE									
OIL WELL (Test must be after the Piret New Oil Pup To Took	ecovery of to	stal volume o	f load oil	and must	be equal to or e	xceed top allo	wable for th	is depth or be f	or full 24 how	rs.)		
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	<u> </u>											
zengur or rest	Tubing Pre	SEUTE			Casing Pressure	•		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		 -	Gas- MCF				
					Matel - Bolg							
GAS WELL			·					<u></u>				
Actual Prod. Test - MCF/D	Length of	Гал		·						_		
	Lengui Or	i cer			Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	ssure (Shut-ii	n)		Casing Pressure (Shut-in)			Choke Size					
			-,									
I. OPERATOR CERTIFIC	ATE OF	COMPI	TANIC	700	<u> </u>			<u> </u>				
I hereby certify that the rules and require	ations of the	Oil Concents	io-	,E	Ω	II CON!	SFRV	ΔΤΙΩΝΙ Γ	NIVISIO	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my k	nowledge an	d belief.			Data		1	CEn e c	e da.			
$ \theta$ n ℓ					Date A	Approved		-FR 1				
DM John						_			1			
Signature D.M. Bohon	Тес	hnical .	Aggia	tant	Ву	(*. i, etc.) &	从外 工。	<u>31 383, 9</u>	KION			
Printed Name	Tec		ASSIS	Lant	_	29 F	44	and the Section				
2/13/91	(0	15) 687.			Title_							

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

Date

(915)

- 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.

687-7148

3) Fill out only Sections I II III and VI for changes of

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at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	5501			_		704-2000				
I.	HEQU	JEST F	OR ALL	.OWAI	BLE AND	AUTHORI	ZATION			
Operator		TO IRA	ANSPO	HIOI	AND NA	TURAL G	AS			
Chevron U.S.A. Inc	c.						1	API No.		
Address			<u> </u>			 	30-	025-1120)8	
P.O. Box 1150, Mic	lland, T	rx 797	702							
Reason(s) for Filing (Check proper box) New Well					X Ou	her (Please expl	ain)			
Recompletion	0"	Change in	Transporte	a of:		* ~ ~	To	request	permiss	ion to
Change in Operator	Oil Corinebas	ul Gas [∏	Dry Gas			fro	porarii m Und	y commin	ngle pro	duction
If change of operator give name							iii ona.	TUDD III	o btry.	for test
and address of previous operator		THIS WEL	L HAS B	EEN PL	ACED IN TH	IE POOL	Can	cel For	ule upp	eryese .
IL DESCRIPTION OF WELL	AND LE	ASEFY F	HIS OFFI	oe. Ce.	OU DO NO	T CONCUR				7.
Lease Name			Pool Nam	e, Includ	ing Formation		Kind	St Jesse	i i	ease No.
Plains Knight Location		2	Unde	<u>sie</u> ne	ted Tu	bb/ Drink	ark XXX	TATAL OF FE		
Unit Letter N	_:660)				·				
Omt Lener	_ :000	,	. Feet From	The	outh Lin	ne and183	<u> </u>	et From The .	West	Line
Section 23 Townshi	p 24S		Range	37E	. N	MPM,	Lea			6
III DECICNATION OF TRANS							Lea			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OF O	IL AND	NATU	RAL GAS					
Shell Pipeline	Ă	Or Conner			Address (Gin	ve address to wh	ich approved	copy of this f	orm is to be se	int)
Name of Authorized Transporter of Casing	phead Gas	X	or Dry Ga	. —	P.O. I	Box 1910,	Midland	d, TX 7	9701	
El Paso Natural Gas Co	-	بما	01 D., CE	• —	D O I	ve address to wh	uch approved	copy of this f	orm is to be se	int)
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	Box 1492. ly connected?	El Pase When		9999	
rive location of tanks.	$\frac{1}{N}$	23	24S	3/E	Yes	3	.	1/24	/91	
f this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, give c	commingl	ing order num	ber:			· · · · · · · · · · · · · · · · · · ·	
TO COM EDITOR DATA		lou wen		***	1	· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completion	- (X)	Oil Well		Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded / Recomp.	Date Comp	l. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.		<u> </u>
9/25/53 $1/6/91$	1/21	/91			10,65			r.b. t.b.	6155'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr		nmation		Top Oil/Gas	Pay		Tubing Depth		
207 GR	Tubb				5848	3 *		578	41	
5848'-6047' & 6075'	-6145'							Depth Casin 836	g Shoe () [†]	
	T	UBING,	CASING	AND	CEMENTI	NG RECORI)			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET	 	S	ACKS CEME	ENT
18"	<u> </u>	3/8" #48			338'			400sx Circ.		
12 1/4" 8 3/4"	9 57		#40 & #26			99'		1	5sx Cir	
0 3/4						360'		825sx	TOC@ 29	70' T.S.
. TEST DATA AND REQUES	T FOR A	3/8"	Thg.		57	84'		<u></u>		
IL WELL (Test must be after re				nd must l	be equal to or	exceed too allow	uable for this	denth or he f	or full 24 hour	1
Date First New Oil Run To Tank	Date of Test	t				thod (Flow, pun			J. J. 24 7.02	***
1/21/91		24/91				Flowi	ing			
ength of Test 24 hrs	Tubing Pres	sure 500ps:	i	[Casing Pressu			Choke Size	,	
Actual Prod. During Test	Oil - Bbls.	- Joops	-		100psi Water - Bbla			17/64 Gas- MCF		
_		108				0 .		59	n	
GAS WELL				!					<u> </u>	
Count Prod. Test - MCF/D	Length of T	est	 		Bbls. Conden	me/MMCF		Gravity of C	ondensate	
	ļ									
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Pressu	re (Shut-in)		Choke Size		
										
I. OPERATOR CERTIFICA				Ε	ر ا		CEDVA	TION		. K.I
I hereby certify that the rules and regular Division have been compiled with and the	tions of the C	Dil Conserva	ation		OIL CONSERVATION DIVISION					
is true and complete to the best of my kr	nowledge and	belief.			Doto	Approved	1	.IAN 2	A 1004	
Dima -					Date	whhtoned		€ 0 € 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1	<u> </u>	
- South Boar		· · · · · · · · · · · · · · · · · · ·			D.,	*				-
Signature D.M. Bohon	Techr	nical A	Assista	nt	Ву	<u> </u>		-		
Printed Name 1/24/91		•	Title		Title					
* 4 7 7	(212)	687-71	L40	1	ı		· · · · · · · · · · · · · · · · · · ·			

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- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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