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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	7	OTRA	NSP	ORT OIL A	י און טאון	0,0,0	Wal Al	No.					
nior								30-025-11902					
ARCO 011 and Gas C	Company	, 											
reas	11- *	Jou Mar	kico	88241-	1710		.)	. 77.11 1	Jame Fro	m			
P.O. Box 1710 - Ho	obbs, N	IEW ME			X Other	(Please explai							
ion(s) for Filing (Check proper box)		Change in	Trans	porter of:		,	ARNOTT	RAMSA	PY F	# 5			
Well	Oil	님	Dry C				Effec	tive:	1-1-90	<u>3</u>			
completion	Casinghea	d Gas	Cond	ensite 🗌									
and of contraint give name													
Address of previous operator	· NO I E	ACE					- 1 44: 1		le	use No.			
DESCRIPTION OF WELL	ND LE	Well No.	Pool	Name, Including	Formation		Come I	(Lease Federal or Fee		_			
ne Name	/ 11	27	Ju	stis Blir	ebry Tu	bb Drink	ard						
South Justis Unit "H				From The NO	a=//	. 5/-	○ E	et From The	1=A57	Line			
cation A	: 66	,0	_ Fea	From The No	RTH Line	and		A 1 10th 1					
Unit Letter			Dan	e 37 F	, NN	(PM	Lea			County			
Section 36 Township			Ran										
DESIGNATION OF TRAN	CPARTE	R OF C	IL A	ND NATUE	AL GAS	e address to wh	ich arremed	come of this fo	rm is to be set	w)			
DESIGNATION OF TRAIN ume of Authorized Transporter of Oil	SI OK.	or Coode	nsate			0500	Habba	NM 8	8241-25	28			
- Warriga Pinel	ine_Co	mpany.		Co	P.O. B	e address to wh	ich approved	copy of this fo	rm is to be se	u)			
				Yry Gas 🗀	D A E	lox 1226	- Jal	<u>NM 8825</u>	2				
Sid Richardson Carbon	_and_lia	ısoline	2_ <u>C</u> 0	mpany Ree	is gas actuall	y connected?) When	1	,				
well produces oil or liquids,	102	:		1 1		4F5		UNKN	aen_				
bis production is commingled with that	fmm any o	ther lease o	r pool,	give comming	ng order sum	ber:							
this production is comminged with the COMPLETION DATA	110.12 7				New Well	Workover	Docpes	Plug Back	Same Res'V	Diff Res'v			
		Oil We	:0	Gas Well	I MEM MEII	l warner		i	<u> </u>	_1			
Designate Type of Completion	- (X)	mpi. Ready	to Pro	i	Total Depth	L		P.B.T.D.					
ate Spudded	Date Cor	npt. Ready	2	_				DAI: - Don	<u> </u>				
	Name of	Producing	Forms	tion	Top Oil/Cas	Pay		Tubing Dep	ui.				
evations (DF, RKB, RT, GR, etc.)	1.42.2							Depth Casin	ng Shoe				
erforations	_1												
				ASING AND	CEMENT	NG RECOR	ND						
		TUBING	G, CA	NG SIZE	CLEANE	DEPTH SET		·	SACKS CEM	ENT			
HOLE SIZE	<u>c</u>	ASING &	IUBII	10 0:22									
					 			-					
					<u></u>								
I. TEST DATA AND REQUE	ST FOR	ALLO'	WAB	LE Land old ond mus	n he equal to o	or exceed top at	Ionable for U	his depth or be	for full 24 ho	W3.)			
IL WELL (Test must be after	recovery o	f total volu	me of i	lodd ou and muc	Producing 1	Method (Flow, 1	memp, gas lift.	, etc.)					
Date First New Oil Run To Tank	Date of	Tes.						Choke Size					
	Tubing	Pressure			Casing Pres	STITE.		Caroni su					
Leagth of Test	Idoing	1100000			Water - Bb			Gas- MCF					
Actual Prod. During Test	Oil - B	bls			Marci - Bo	•							
ACTURE PIOUR DURING TOUR	<u> </u>												
GAS WELL		_			BN: Con	ensate/MMCF		Gravity of	Condensate				
LIAD WELL	Length	of Test			İ		_						
Acoust Prod. Test - MCF/D	1	· · ·	Shi#-in	a)	Casing Pre	saure (Shut-in)		Choke Siz	28				
Actual Prod. Test - MCF/D	WCE!	Dependence of			1			L					
Actual Prod. Test - MCF/D	Tubing	Pressure (•	•									
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)							MCER	VATION	DIVISI	ON			
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	CATE	OF CO	MPL	IANCE	-	OIL CO	NSER'	VATION	DIVISI	ON			
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VL OPERATOR CERTIFI I hereby certify that the rules and re-	ICATE	OF CO	MPI peserva pives	LANCE									
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and re-	ICATE	OF CO	MPI peserva pives	LANCE	Da	OIL CO							
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and replications have been complied with a in true and complete to the best of method.	ICATE gulations of and that the my knowled	OF CO. The Oil Co. information ge and beli	MPI peserva pives	LANCE	ll l	te Approv							
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and replications have been complied with a in true and complete to the best of method.	ICATE gulations of and that the my knowled	OF CO. The Oil Co. information ge and beli	MPI peserva pives	LANCE	Da By	te Approv							
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and re Division have been complied with a is true and complete to the best of ru	ICATE gulations of and that the my knowled	OF CO. The Oil Co. information ige and beli	MPL peaserva a gives ief.	LIANCE ution above	Ву	te Approv	/ed						
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and reporting the sand complete to the best of methods. Signature Leaves D. Coghurn	ICATE gulations of and that the my knowled	OF CO. the Oil Co. information ge and belin	MPI pesserva gives ief.	LIANCE ution above	Ву	te Approv	/ed						
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and re Division have been complied with a in true and complete to the best of ru	ICATE gulations of and that the my knowled	OF CO. the Oil Co. information ge and belin	MPL paserval gives ief.	LIANCE ution above	Ву	te Approv	/ed						

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.			.,	TOTR	ANS	PORT	OIL	AND NA	TURAL G	AS					
Operator									Well API No.						
	AND GAS COMPANY								30-025-11902						
Address					^										
BOX 1710, H			1EXICC	8824				Oth	et (Please expl	lain)					
Reason(s) for Filing (C	heck prope	box)		Chance i	e Tran	sporter of:			A (1 1000 C.Y.						
New Well	H		Oü	CILLING !	•			EF	FFECTIVE:	4/28/	92				
Recompletion Change in Operator	\mathbf{x}		Oil Dry Gas PRIOR NAME ARNOTT RAMSAY (NCT-F))		
If change of operator give		CHEI					0.	BOX 11	.50, MIDI	AND, TX	79702				
and address of previous	operator	CHEV	/KON C	J. S. A. ,		.,			.50,						
IL DESCRIPTIO	N OF W	ELL A	IND LE	EASE											
Lease Name Well No. Pool Name, Include											of Lease 'Federal or Fe	. -	esse No.		
ARNOTT RAMSA	Y F			5	JU	ISTIS J	RTT:	NEBRY	<u> </u>			B-2	29		
Location			_	(0				NOPTH	660			EAST			
Unit Letter A : 660 Feet From The								Lin	e and	F	ect From The		Line		
	Section 36 Township 25S Range 37E						7 E	NT.	мрм,	L	EA		County		
Section	30 1	Ownship			Ran	<u>re</u>					 :				
III. DESIGNATIO	ON OF	TRANS	PORT	ER OF C	IL A	ND NA	TUR	AL GAS							
Name of Authorized Tr			[V]	or Conde	nuie		,	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	out)		
TEXAS NEW ME	-		NE						BOX 2528						
Name of Authorized Tr	ansporter o	Caring	nead Gas	X	or D	ry Gas 🗀	⊐ _'	-	e address to w				≈ t)		
SID RICHARDS				LINE C	0				OBX 1226			2			
If well produces oil or i	iquide,	1	Unit	Sec.	Twp	, j P	ige. I	is gas actuall	y connected?	When					
rive location of tanks.				<u> </u>	<u>L</u>	i		YES		U	NKNOWN_	- 			
If this production is com	mingled w	ith that fr	om any o	ther lease or	pool,	give comm	ninglin	ig order sumi	ber:						
IV. COMPLETIC	N DAT	<u> </u>		70: 71		Gas Wel		New Well	Workover	Deepen	Plue Rack	Same Res'v	Diff Res'v		
Designate Type	of Comp	letion -	αn	Oil Wel	. j	Cas wet	'	Lick Alen	i wakota						
Date Spudded				npl. Ready I	o Prod			Total Depth	I	·	P.B.T.D.	·	*		
Des Spaces		· · · · · · · · · · · · · · · · · · ·							1	_					
Elevations (DF, RKB, R	T, GR, etc.	,	Name of	Producing F	ormati	OB	7	Top Oil/Gas	Pay		Tubing Dep	th.			
									1	Depth Casing Shoe					
Perforations											Depth Casin	g Shoe	İ		
								(T') W'	VO DECOD		1				
			TUBING, CASING AND					EMENTI	NG RECOR	ע		SACKS CEMI	ENT		
HOLE S		CASING & TUBING SIZE						DEPTH SET		 	MONS CEMI	-141			
										 	·				
										1					
															
V. TEST DATA	ND RE	OUES	T FOR	ALLOW	ABL	E									
OIL WELL O	est must be	after rec	covery of	iotal volume	of loa	d oil and n	nust be	e equal to or	exceed top all	mable for thi	s depth or be j	or full 24 hour	<u>a)</u>		
Date First New Oil Run	e s			P	Producing Me	sthod (Flow, pu	omp, gas lift, i	sc.)		į					
		Tubing Pressure								Choke Size	····				
Length of Test							Casing Pressu	ire		Chor sar					
								Water - Bbla			Gas- MCF				
Actual Prod. During Ter	d		Oil - Bbl	i.				Water - Doin							
		1									•				
GAS WELL								Bbls. Conden	mie/MMCF		Gravity of C	ondensate			
Actual Prod. Test - MC	Prod. Test - MCF/D Length of Test							BUIL COLORI							
		Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.) Tubing Pressure (Saux-m)					ŀ	•									
			- TEC ()	E COM	OT IA	NCE	[
VI. OPERATOR	CEKI	ILICA	TIE O		الماسة حدادي	4100			DIL CON	ISERV	ATION	JIVISIO	N		
I hereby certify that to Division have been of	the rules an complied w	ic regulation in the second the	ust the inf	e Ou Couse ormation giv	ven abc	ve •	ll.								
is true and complete	to the best	of my kr	owledge	and belief.				Date	Approve	d					
_	N	- /	1					Date	· .PP. 0.0			= ====			
flum	M_n	L					_	R ₁ ,							
-h-								Бу							
James D. C	Cogbur	n, Op	<u>erati</u>	ons Coc	ordi Tale	nator	-	۔ ادبیات							
Printed Name				3 (91 <u>-1</u>			i itle.							
5/4/92 Date					ephone		-								

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 1
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 874	110 RE	QUEST	FOR A	ALLOW	ABLE AN	7304-2088 D AUTHOF	RIZATIO	N					
I. Operator		TO TF	RANSI	PORT	OIL AND I	NATURAL	SAS	II API No.					
Chevron U.S.A.,					0-025-11902								
P.O. Box 1150	Midland,	TX 7970	02										
Reason(s) for Filing (Check proper bo	x)	<u> </u>	·- m			Other (Please exp	dain)						
Recompletion	Oil	Change	In Trans	porter of:	ì								
Change in Operator	Casingl	read Gas]								
If change of operator give name and address of previous operator								 -					
II. DESCRIPTION OF WEL	L AND L	EASE											
Lease Name Arnott Ramsay (NCT_E)	Arnott Rameau (NCT F)							d of Lease e, Federal or Fee		Lease No.			
Location		5	Jus	tis Bline	bry		Sta		B-2	29 ————			
Unit Letter A	. 660		_ Feet F	rom The _	orth L	ine and 560		Feet From The	ast	Line			
Section 36 Towns	Section 36 Township 25S Range 37E							Lea County					
III. DESIGNATION OF TRA	NSPORT	ER OF O	II. AN	ייי אנא חיי	IDAT CAG	•				County			
. The or remotized transporter of Oil		or Conde	nsale		Address (G	ive address to wh	tich approve	d copy of this for	m is to be	ten()			
Name of Authorized Transporter of Cas	inghead Gas		or Dev	Cor [TTT]	_								
Sid Richardson Carbon & Gasoline					20	we address to what Main St., S	i <i>ch approve</i> Suite 30(h approved copy of this form is to be sent) uite 3000, Ft. Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	ell produces oil or liquids, Unit Sec. location of tanks.				Is gas actually connected?			When?					
If this production is commingled with the IV. COMPLETION DATA	t from any ot	her lease or	pool, giv	e comming	ling order nur	Yes nber:		Unk	nown				
Designate Type of Completion	1 - (X)	Oil Well	10	as Well	New Well	Workover '	Deepen	Plug Back Si	me Res'v	Diff Res'v			
Date Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.		<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation												
Perforations								Tubing Depth					
								Depth Casing S	hoe				
					CEMENTI	NG RECORE)						
HOLE SIZE	CA	SING & TU	BING SI	ZE		DEPTH SET		SAC	KS CEM	ENT			
	-												
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE					l					
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Tes	ial volume o	fload oil	and must	Producing Method (Flow, pump, gas lift, etc.)								
	Date of Tes	•			Producing Me	thod (Flow, pum,	p, gas lift, ei	(c.)					
ength of Test	Tubing Pres	sure			Casing Pressu	ге		Choke Size					
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.						Gas- MCF					
SAS WELL				1									
ctual Prod. Test - MCF/D	Length of T	est			Bhis Condens	ale/MMCE		<u>C=</u>					
					Bbls. Condensate/MMCF			Gravity of Condensate					
sting Method (pilot, back pr.)	Tubing Pres	aure (Shut-in	1)		Casing Pressu	e (Shut-in)		Choke Size					
LOPERATOR CERTIFICA	ATE OF	COMPL	IANC	E									
I hereby certify that the rules and regula Division have been complied with and the	tions of the C	il Conservat	lion shove			IL CONS	SERVA	TION DIV	/ISIO	N			
is true and complete to the best of my lo		Date	Annroyad		JAN 1 3 '92								
J.K. Ripley													
Signature J. K. Ripley	nt	By											
Printed Name 12/27/91			ile		Title								
Date		(915)68 Telepho		8									

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

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